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TRANSACTIONS

18107

OF THE CANADIAN DENTAL ASSOCIATION



ANNUAL MEETING
BOARD OF GOVERNORS
EDMONTON, ALBERTA
SEPTEMBER 12 - 14, 1976

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B O A R D O F G O V E R N O R S
C A N A D I A N D E N T A L A S S O C I A T I O N



EDMONTON, ALBERTA

September 12 - 14

1976



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FOREWORD

This book provides a record of the business transacted at the annual meeting of the Board of Governors of the Canadian Dental Association in the Eldorado Room of the Macdonald Hotel, Edmonton, Alberta, September 12-14, 1976. It includes the 1975 meeting of the voting (corporate) members and the report of the installation ceremony.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors. During the session, reports of Councils and Sections, etc., are reported to open sessions of the Board and, although the chairman may permit any member to speak on an issue, only Board members may vote.

Words appearing in italics both within the body and at the end of the Council or Section reports constitute the comments and action of the Board.

The purpose of the CDA TRANSACTIONS is to provide members with a summary record of the policies and decisions of the Board and the work of the Association's Councils and Sections.

OFFICERS AND OFFICIALS

1975-76

President	H.L. Mussells, Westmount, P.Q.
President-elect	M.J. Cipton, Moncton, N.B.
Immediate Past President	J.F. Reid, North Vancouver
Executive Director	W.G. McIntosh, Toronto
Editor	Miss P. Lundie, Toronto
Chairman of the Board	W.P. Munsie, Vancouver
Director of Administration	L.A. Stevenson, Toronto

EXECUTIVE COUNCIL

J.F. Reid	H.L. Mussells	M.J. Cipton
R.L. Moran	R.A. Gray	D.L. Rife
	S. Silver	

BOARD OF GOVERNORS

M.D. Charendoff	R.L. Moran
M.J. Cipton	W.P. Munsie
C. Dexter	H.L. Mussells
J.A. Doiron	J.F. Reid
V. Dontigny	D.L. Rife
R.F. Evans	A.J. Shinoff
W.J. Froese	P.R. Shunock
C.E. Gosselin	S. Silver
J.M. Gourley	G.W. Thompson
R.A. Gray	G.E. Utas
R.P. Harper	K.F. Walsh
R.N. Hicks	F.T. Wihak
R.T. Malpass	

Alternates:

M. Trepanier - Quebec	A.J. Harris - Ontario
R. Dupont - Quebec	J.N. Wright - Canadian Forces I
D. Williams - New Brunswick	Services

Non-voting representatives:

T. Curry	- Department of National Health and Welfare
F.T. Irwin	- Department of Veterans' Affairs

AGENDA

A G E N D A

1976 BOARD OF GOVERNORS

SEPTEMBER 12-14

Sunday, September 12

9.00 a.m.	Call to order Invocation Official call of meeting Roll call Adoption of agenda President's Report Necrology Report
9.45 a.m. - 10.00 a.m.	Presentation of report of Nominations Council Nominations to Council on Nominations
10.00 a.m. - 12.30 p.m.	By-law Committee Report
2.00 p.m. - 3.00 p.m.	By-law Committee Report Continuation
3.00 p.m. - 5.00 p.m.	Executive Council Report

Monday, September 13

9.00 a.m. - 9.30 a.m.	CDA/CDSPI Ad Hoc Committee
9:30 a.m. - 12.30 p.m.	Presentation of Council Reports
2.00 p.m. - 5.00 p.m.	Committee on Dental Materials and Devices Council on Education Council on Ethics Council on Health Care Council on Hospital Services Council on Information Services Council on Insurance and Investment Council on Legislation

Tuesday, September 14

9.00 a.m. - 9.30 a.m.	Elections
-----------------------	-----------

AGENDA

9.30 a.m. - 12.30 p.m.

Presentation of Council Reports
(continued)

NDEB

2.00 p.m. - 5.00 p.m.

Awards Committee

Council Reports (Continued)

Meeting of Corporate Members

Election Results: Chairman,
Council on Nominations

Unfinished Business

Adjournment

PRESIDENT

1. It is my great honour and pleasure to welcome you to the 75th Annual Meeting of the Board of Governors of the Canadian Dental Association here in Edmonton, Alberta.

OTTAWA HEADQUARTERS

2. The past year has been an active and rewarding one. The new headquarters building in Ottawa has been built and mortgages arranged. The old Toronto headquarters has been sold, and the offices and library have been moved to 1815 Alta Vista Drive, Ottawa. C.D.A. is now in the nation's capital. For better or for worse, the job has been done.
3. I am disappointed in the lack of support from other organizations who said they were interested in renting space in our Ottawa building but now that it is completed have changed their minds. I am particularly disappointed in the lack of support from our own dental organizations in deciding not to rent space, namely, the National Dental Examining Board, the Canadian Fund for Dental Education and the Canadian Dental Service Plans Incorporated.
4. There have been major changes in the Headquarters Staff as well as the new building. The resignations of Bill McIntosh as Executive Director and Pat Lundie as Journal Editor; the closing of the printing shop and the Bureau of Statistics; the loss of other long-time employees due to our move to Ottawa. However, I feel a firm foundation has been laid for a newer, stronger headquarters.
5. In the past year, we have had the Federal Government move into the practice of our profession with the Anti-inflation Board rulings and the new Anti-combines regulations. The Federal budget did increase the amount allowed to be contributed to a Registered Retirement Savings Plan from \$4,000 to \$5,500, and for salaried dentists from \$2,500 to \$3,500, so there was a little sunshine amidst the gloom. However, this certainly shows how the Federal Government is involved with you as practising dentists and convinces me of the need for an active Canadian Dental Association with a strong voice in Ottawa.

NEED FOR UNITY

6. Dentists are a small minority in the population of Canada and if they are fragmented their voice will be weak. If they set aside any dissension amongst themselves, or at least keep it within their profession, they will be heard. While their voice may not thunder, at least they will be listened to, if they are united. All professions are under attack, and the need for a strong and active Association has never been greater than now.

PRESIDENT

CONCLUSION

7. Gentlemen, the enemy is not among other dentists, nor in our own Association, but it is outside pounding at the door. We therefore must set aside petty differences and unite in a fraternal defence of our ethics, our professionalism, and our common goal. There is no better way to do this than to actively, and financially, help your Association - the Canadian Dental Association.

I thank you.

The Chairman thanked the President for his report.

EXECUTIVE

MEMBERS: H.L. Mussells, Chairman, Westmount; J.F. Reid, North Vancouver; M.J. Crompton, Moncton; S. Silver, Montreal; D.L. Rife, Toronto; R.L. Moran, Toronto; R.A. Gray, Medicine Hat

R E P O R T

1. Council has met seven (7) times since the 1975 Board meeting, August, October and November 1975, January, March, May and June 1976.

APPOINTMENT OF COUNCIL CHAIRMEN

- | | |
|---------------------|------------------------------|
| 2. Dr. H.R. MacLean | - Constitution and By-laws |
| Dr. R. Dickson | - Health Care |
| Dr. S.M. Claman | - Hospital Services |
| Dr. D.M. Diner | - Insurance and Investment |
| Dr. J.H. Young | - Legislation |
| Dr. W.B. Chapple | - Information Services |
| Dr. M.J. Crompton | - Nominations |
| Dr. D.C. Smith | - Dental Materials & Devices |
| Dr. J.P. Beattie | - Ethics |
| Dr. W.H. Feasby | - Education |

OFFICIAL GUESTS

3. Distinguished guests who will attend the Convention as representatives of their respective associations are:

Dr. & Mrs. Maynard Hine	- Federation Dentaire Internationale
Dr. & Mrs. Irvine E. Gruber	- American Dental Association
Dr. & Mrs. L.C. Grisdale	- Canadian Medical Association

Due to the FDI Congress Meeting in Athens in the same month, the President of the New Zealand Dental Association and the President of the Australian Dental Association send their regrets.

REMUNERATION

4. RESOLVED

That Drs. Crompton and Mussells be appointed as an ad hoc committee to prepare a report on remuneration for the President and members of the Executive for the next annual meeting of the Board of Governors.

Adopted

EXECUTIVE

RESOLVED

That members of the Executive Council be paid at the rate of \$100 per diem for attendance at meetings, this to include travelling days where applicable, effective August 15, 1975.

Adopted

MEMBERSHIP FEE

5. In compliance with the financial needs of the Association and as indicated to the Board of Governors in 1975, the following motion was approved by the Executive Council:

RESOLVED

That a letter be sent by the President to the Corporate members indicating that an increase of \$25.00 in the C.D.A. membership fee is expected to be approved at the 1976 Board meeting.

The Executive Council requests, therefore, that in considering the Budget, the Board give approval to an increase in membership fees of \$25.00.

The Board agreed.

ASSOCIATE MEMBERSHIP FEE

6.

RESOLVED

That the annual C.D.A. associate membership fee commencing January 1, 1977 be \$35.00.

Adopted

PRIORITIES COMMITTEE

7. The Ad Hoc Priorities Committee met in Toronto in September 1975 and the following areas were identified. Associated recommendations of the Committee are included.

(1) Memberships

- (a) Executive Council should assume major responsibility for memberships.
- (b) A National membership committee should be established immediately, comprising three sub-committees, namely,

EXECUTIVE

sub-committees for Ontario, Quebec and 'other'.

- (c) The Ontario and Quebec sub-committees should consist of one Executive Council member and two other influential provincial members.
- (d) These sub-committees should meet jointly with the provincial membership committees
- (e) Membership activities must be adequately financed.
- (f) Records system for memberships needs to be updated.
- (g) The membership lists should be computerized.

(2) Journal

- (a) The Association must have a Journal.
- (b) The whole Journal operation must eventually be in Ottawa.
- (c) The administration should come back to the Executive with details of the most effective way of dealing with the transition period.
- (d) The Journal should increase its editorial content of political and controversial issues. Its primary function is to inform the dentists of Canada.
- (e) Consider re-establishing a French Associate Editor.

(3) Bureau of Statistics

- (a) Membership records data has high priority.
- (b) Bureau should be a resource for other data collected by provinces.
- (c) Bureau should not collect data itself.
- (d) Tenders should be called to provide the computer services required.

(4) Convention

- (a) Convention manual should be updated identifying minimum requirements for choice of locations including maximum deficits to be allowed in budgeting for conventions.
- (b) Convention Manager be hired immediately.
- (c) A Professional Convention Manager be engaged for the 1977 World Congress.

(5) Ottawa Building

- (a) Proceed according to the last presentation to the Executive Council.

(6) Accreditation

- (a) The method of funding the accreditation program needs to be re-examined.

EXECUTIVE

- (b) Philosophy of supporting the accreditation of educational and hospital service programs has medium priority.
- (7) Council on Research
 - (a) Council as such be dissolved.
 - (b) Committee on Dental Materials and Devices be upgraded - become a committee of the Executive Council with improved funding.
 - (c) A similar Committee on Therapeutics be established.
- (8) Council on Ethics
 - (a) A medium priority given to revising the Code of Ethics.
 - (b) The survey proposed by the Council should include the ACFD, the provincial dental organizations and the licensing bodies with a view to holding a conference some time in the future.
- (9) Dental Manpower Committee
 - (a) C.D.A. should continue to participate in the National Dental Manpower Committee.
 - (b) The C.D.A. delegates should be representatives of the private practice sector.
- (10) Council on Information Services
 - (a) 5 Year Communications Program on Preventive Dentistry has for the present a low priority.
 - (b) Dental Health Month 1976 should be operated independently of the 5 Year Communications Program.
- (11) Council on Education
 - (a) Ad Hoc Committee on continuing education should not recommend methods of implementing continuing education in the provinces.
 - (b) Student Membership Committee should be a component of the new Membership Committee rather than the Council on Education.
 - (c) D.A.T. Committee has a continuing priority. The Executive Council should continue authorizing other than normal operating expenses.
- (12) Committee on Taxation
 - (a) Has a high priority and should comprise at least 3 members.

EXECUTIVE

(13) Council on Health Care

- (a) High priority for development of standard claims forms, list of services, etc.
- (b) Should not attempt to establish policy that will be in conflict with provincial policies.

(14) Council on Legislation

- (a) Has low priority - but provides a useful reporting mechanism.

RESIGNATION OF DR. W.G. McINTOSH

8. Council accepted with sincere regret the resignation of Dr. McIntosh, effective June 1, 1976. Dr. McIntosh explained his decision as follows:

"It has been my plan for some time to retire from Canadian Dental Association activities no later than the end of 1977.

In view of the Association's move to Ottawa and the inherent internal reorganization which will of necessity accompany such a move, it may well be to the advantage of all parties concerned if I advance the above date to coincide with the Ottawa move.

Therefore, in an effort to be as fair and co-operative as possible with the Association, I hereby give the six months' notice of resignation as required in my contract, effective December 1st, 1975.

Sincerely

W.G. McIntosh"

APPOINTMENT OF EXECUTIVE DIRECTOR

9. The Executive Council has appointed Mr. Lloyd Stevenson, Director of Administration, to the position of Acting Executive Director of the Association, effective June 1, 1976. The appointment is to be reviewed within a period of one year.

EXECUTIVE

RESOLVED

That Mr. Lloyd Stevenson be appointed Executive Director of the Canadian Dental Association effective September 15, 1976.

Adopted

DON W. GULLETT MEMORIAL

10. It was decided at the 1975 Board of Governors' meeting that an appropriate memorial could be chosen for the Don W. Gullett Award and Executive Council has approved the expenditure of \$800.00 for having the sculptured bust of Dr. Gullett, which was done by Dr. W.G. McIntosh, bronzed for placement in the new Ottawa Headquarters Building.

HONORARY MEMBERSHIPS AND AWARDS

11. Certificate of Merit

A "Certificate of Merit" shall be given to all members of the Association who have served the Association for a minimum term of one year as a member of the Board of Governors, a Council member, or as a member of a committee of a Council and whose term in the respective area of service is deemed to be completed.

Recipients of the "Certificate of Merit" shall be proposed by the chairman of the nominations committee (President-elect) for approval by the Executive Council at the first meeting of Council following an annual meeting and convention.

The award shall consist of a suitably inscribed certificate, which identifies the appropriate area of service. The certificates shall be mailed to the recipients as soon as possible, following the completion of their terms of office.

Honorary Membership

This shall be the Association's highest award. It may be conferred on persons deemed to have rendered exceptional constructive services, nationally and/or internationally in any field of dentistry.

Honorary members shall be elected by the Executive Council from candidates proposed to the Council by an awards committee comprising the immediate past-president as chairman and the two most recent available preceding past-presidents.

EXECUTIVE

The Chairman of the awards committee will report to the Spring meeting of the Executive Council, supplying, in writing, complete documentary evidence in support of the committee's recommendations for honorary members.

The award shall consist of an honorary membership scroll conferred by the President of the Association or his designate at the next annual meeting of the Association or otherwise as directed by Council.

Due to the distinctive nature of the honorary membership award, only in the most unusual circumstances will more than one or two awards be conferred in any one year. An award each year shall not be considered a requirement.

RESOLVED

That Dr. Stewart A. MacGregor be invited to accept Honorary Membership in the Canadian Dental Association.

Adopted

Distinguished Service Award

The Association's "Distinguished Service Award" shall be conferred on those who have rendered outstanding service to the Association.

Recipients of the "Distinguished Service Award" shall be elected by the Executive Council from candidates proposed to Council by the awards committee referred to under "Honorary Memberships".

The Chairman of the awards committee will report to the Spring meeting of the Executive Council, supplying in writing, complete documentary evidence in support of those recommended for the "Distinguished Service Award".

The award shall consist of a wall plaque, suitably inscribed, presented to the recipient by the President of the Association or his designate at the next annual meeting of the Association or otherwise as directed by Council.

No more than two "Distinguished Service Awards" shall be presented in any one year.

RESOLVED

That Mr. M.E. Bower be invited to accept the Association's first Distinguished Service Award.

Adopted

EXECUTIVE

OTTAWA HEADQUARTERS BUILDING

12. The move of the C.D.A. Headquarters from 234 St. George Street, Toronto to 1815 Alta Vista Drive, Ottawa, was completed on July 30th as scheduled.

While only three of the Toronto staff moved to Ottawa and three remained in Toronto, the new Ottawa staff, in co-operation with the others, have done an amazingly efficient change over and the organization has continued to function in spite of all difficulties but only by long hours and hard work on the part of our employees.

(a) Rental of Space

Only one office of 108 square feet has been rented to the Federation of Medical Women of Canada at a yearly rental of \$972.00.

Difficulties in negotiating further rentals persist due to the extremely restrictive zoning by-laws. The wording of the existing zoning is "*The National Headquarters of the Canadian Dental Association and Allied Societies*". The amendment that C.D.A.'s lawyer Mr. Murchison is requesting is, "*Office use, including the National Headquarters of the Canadian Dental Association*".

OFFICIAL OPENING

13. The official opening of the new building at 1815 Alta Vista Drive is scheduled for the Spring of 1977. The date will be announced in the Journal.

AUDITORS

14. Executive Council again approved the reappointment of Thorne Riddell and Company as the Association's auditors and recommends their appointment to the meeting of corporate (voting) members.

MEMBERSHIP

15. A new brochure entitled "New Directions" was printed by the Membership Committee, and the following letter was sent by the Membership Chairman to all dentists in Ontario in co-operation with the Ontario Dental Association's Membership Committee.

EXECUTIVE

Dear Dentist:

You are probably aware that there have been some fundamental changes in the structure of the Canadian Dental Association, proposed and adopted within the past 18 months.

These changes have been made necessary by the moves toward voluntary membership status of increasing members of provincial dental organizations in Canada.

As Chairman of the C.D.A. membership drive here in Ontario, I believe the result of these changes will be an organization that is better able to meet your needs - an organization that deserves your support.

There is a valuable role for a national dental organization to play in this country - in the areas of liaison with the federal government, the evaluation of dental plans introduced in other jurisdictions and in the establishment of group insurance and investment plans that pool the funds of dentists across Canada to provide greater flexibility lower cost and optimum security for enrolled members.

The following pages outline in more detail the new structure of the C.D.A. as well as the services available to members. I would simply ask you to read this material and see for yourself the many benefits of C.D.A. membership.

Yours truly

R.L. Moran, Chairman
C.D.A. Membership Committee

MEDIFACTS PROGRAM

16. The Tape Cassette Program has just completed another successful year with a profit of \$2,090, compared to a profit of \$2,308 last year. C.D.A. shares this equally and will therefore receive \$1,045 for the year ended mid-1976.

EXECUTIVE

STATEMENT OF SALE OF 234 ST. GEORGE STREET TO THE ONTARIO DENTAL ASSOCIATION

17.

STATEMENT OF ADJUSTMENTS

Canadian Dental Association
sale to Ontario Dental Association
234 St. George Street, Toronto

as at July 30th, 1976

SALE PRICE		\$342,000.00
DEPOSIT	\$ 25,000.00	
TAXES - 1976 taxes -	\$8,368.76	
Vendor has paid	\$5,254.76	
Vendor's portion	\$4,837.83	
Allow Vendor (211 days)		\$ 386.93
FIRE INSURANCE - Purchaser to place own coverage		
FUEL OIL - 2-200 gallon tanks \$ 41.4¢ per gallon		
Allow vendor		\$ 165.60
Gas and Water meters to be read on closing		
BALANCE DUE ON CLOSING		
Payable to SHIBLEY, RIGHTON & McCUTCHEON, in trust	\$317,552.53	
	<u>\$342,552.53</u>	<u>\$342,552.53</u>
July 22nd, 1976		
TJR/pf/ca		
E. & O. E.		

PRINTING EQUIPMENT

18. The Printing Department at 234 St. George was closed and the equipment was sold for \$3,000. The equipment was all over 10 years old and had been completely written off for audit purposes.

EXECUTIVE

REGISTERED RETIREMENT SAVINGS PLAN BRIEF

19. In February of 1976, C.D.A. Executive Council approved three recommendations regarding R.R.S.P. contributions.

- (1) that after the age of 55, lump sum contributions be permitted on a tax deductible basis in order to provide benefits up to certain prescribed amounts.
- (2) that annual contributions be indexed (presumably to the Consumer Price Index) in the same way as personal exemptions.
- (3) that there be a provision for the carrying forward from 1972 to unused contribution limits.

It was felt that these recommendations were realistic, and if accepted, would do much to eliminate the concern which dentists and other professional people feel about their ability to provide adequate funds for retirement.

In the Federal Budget of May 25th, the maximum contributions for individuals was increased from \$2,500 to \$3,500 to a registered pension plan. An individual who is not eligible for benefits from a pension plan in respect of employment will be allowed to contribute \$5,500 to a R.R.S.P. instead of the previous \$4,000.

Income tax deductions for costs of continuing education are still not allowed.

ANTI COMBINES ACT AND FEE GUIDE

20. C.D.A. was contacted by the Director of Investigation and Research of the Combines Investigation Branch on the question of Fee Guides.

C.D.A. lawyers prepared a letter that was sent to all corporate members with the suggestion that it be circulated to their membership, making it very clear that the Fee Guides published by the Provincial Associations are only schedules of advisory guidelines and adherence to them is not in any sense obligatory on members.

RESOLVED

That the Executive Council

- (i) Consider the implications of the Combines Investigation Act.*
- (ii) Identify the Areas of possible conflict that affect the dental profession*

EXECUTIVE

- (iii) *Initiate communications with federal officials to resolve any conflicts and immediately thereafter report their activities and results to the members of the Board and to each Corporate member.*

Adopted

ANTI INFLATION BOARD GUIDELINES AND PROVINCIAL FEE GUIDES

21. Dr. Lindsay Mussells and Mr. L. Stevenson along with C.D.A. legal counsel and a management consultant met with the staff of the Anti-Inflation Board in February and a letter was subsequently written to all provincial dental associations asking those who wished to participate in future to contact the Association.

The western provinces did not wish to join in a united effort.

Subsequent rulings by A.I.B. excluded dentists who receive payment directly from their patients from using the minimum reporting form and at the time of writing, no provincial fee guides have been approved by A.I.B.

The main thrust of A.I.B. has changed from one of limiting increases in cost to one of limiting increases in profit.

JOURNAL

22. (a) Resignation of Miss Pat Lundie

Council accepted with regret the resignation of Miss Lundie who left C.D.A. to form her own public relations company.

- (b) Notices have been placed in the Journal and other media soliciting applications for the position of Editor. A Search Committee has been appointed to recommend a selection to the Executive Council.

Deadline for applications has been set tentatively for September 30, 1976.

- (c) The Journal lost \$88,930 in 1973, \$64,227 in 1974 and made a profit of \$4,521 in 1975. If there were no advertising revenue, the loss would be \$208,000.

RESOLVED

That the Journal of the C.D.A. be authorized to accept quality advertisements from liquor companies.

EXECUTIVE

N.B. No subsidy is provided to the Journal out of membership revenue.

(d) Scientific Editor and French Associate Editor

Council is pleased to announce the appointments of Dr. Robert Turnbull as Scientific Editor and Dr. Robert Lambert as French Associate Editor.

- (e) The Executive Council in consideration of rising mailing and handling costs, approved the following motion and requests agreement of the Board.

RESOLVED

That the subscription rate for the Journal be increased, effective January 1, 1976 to \$20.00 in North America, and \$22.00 overseas.

Adopted

COUNCIL APPOINTMENTS

23. Executive Council, noting that representation on committees of external organizations is on behalf of the Board of Governors, and should not be an appointment by a Council or Committee, but should be a recommended nominee to the Board by Executive Council, passed the following motion:

RESOLVED

Whereas representation is on behalf of the Board of Governors and is not an appointment by a Council or Committee but is a recommended nominee to the Board, i.e. Executive Council, therefore it is moved that all appointees representing the Canadian Dental Association on committees of external organizations will be chosen by Executive Council and ratified by the Board of Governors.

Adopted

DISTRIBUTION OF COUNCIL MINUTES

24.

RESOLVED

That the minutes of Executive Council be circulated when approved to members of the Board of Governors, and Presidents & Secretaries, Executive Directors of Corporate Members.

Adopted

EXECUTIVE

RESOLVED

That the minutes of the various C.D.A. Councils be circulated as follows:

- Chairman and members of Council or Committee involved
- Members of Executive Council
- Subsequent to the approval of minutes of various Councils or Committees by the Executive Council, the approved minutes may be distributed by the Executive Council to the Board of Governors and Presidents and Executive Directors.

Adopted

CIRCULATION OF INFORMATION MATERIAL

25.

RESOLVED

It is brought to the attention of all concerned that all Councils, Committees, Sections and Groups are directly responsible to the Executive Council and the Board of Governors; and further that all material developed by Councils, Committees, Sections and Groups are to be submitted to Councils, Committees, Sections and Groups be tendered to the Executive Council for approval before distribution.

Adopted

CONVENTION ACTIVITIES

26. 1975 Convention - Newfoundland

The Auditors provided a final accounting of the C.D.A. Convention in St. John's, showing a total deficit of \$38,166 as compared to the budget figure of \$33,700.

Convention Committee

RESOLVED

That Dr. Moran be appointed as Executive Liaison to the F.D.I. and Edmonton Convention Committees with full authority to make decisions on behalf of the Executive.

Adopted

EXECUTIVE

Registration

RESOLVED

That in future all Convention activities and functions will only be made available to those members who have paid registration.

That the C.D.A. National Convention accommodation will be made available only to those members who have paid the registration fee.

and That the Executive Council review the Convention Manual.

Adopted

27. F.D.I. Convention - Athens

Delegates: Dr. J.F. Reid
Dr. M.J. Cipton

Alternates: Dr. H.L. Mussells
Dr. W.G. McIntosh

Observers Dr. M. Cornish
3 of Dr. G. Beagrie
Dr. M. Kamienski
Dr. W. Spence

28. 1977 F.D.I. Convention - Toronto

The secretariat was requested to look into the possibility of incorporating the 1977 F.D.I. Convention, which is being held in Toronto.

The Executive approved the following motions and requests the agreement of the Board:

RESOLVED

That in the absence of complimentary air tickets for Athens, C.D.A. support the attendance of the Convention Chairman and Convention Manager for a period of 9 days and 6 days respectively and that the Congress will be responsible for their expenses during that time at the rate of \$50.00 per day.

Adopted

EXECUTIVE

RESOLVED

In the event that air transportation is provided, other members of the Committee will be permitted to attend at their own expense.

Adopted

RESOLVED

That the minutes of the May 1, 1976 meeting be amended to show that any expenses incurred by wives of delegates will not be borne by C.D.A.

Adopted

29. 1977 World Dental Congress

A preliminary budget for the 1977 World Dental Congress in Toronto was submitted in March, showing an estimated expenditure of \$886,700 and an estimated revenue of \$971,500. However, due to lack of detail for some items, e.g. Printed Matter \$150,000, it was not approved. Executive Council has requested that a final budget be presented at once for the information of the Board.

30. 1978 Convention Local Arrangements Committee

Dr. Ralph Crawford of Winnipeg was appointed Chairman of the 1978 Convention Local Arrangements Committee.

PAID MEMBERS

31.	<u>1975</u>	<u>1976</u>
Ontario	2,489	2,660
Quebec	553	786

CANADIAN DENTAL RESEARCH FOUNDATION AWARD

32. As the Council on Research did not hold a meeting this year, it is Council's pleasure to announce the 1976 Award winner, Dr. Frank Hechter of Winnipeg, who won the award for his thesis, "Symmetry and Dental Arch Form of Orthodontically Treated Patients". The research was conducted in the Department of Preventive Dental Science, Faculty of Dentistry, University of Manitoba, under the supervision of Dr. J.F. Cleall. Special congratulations are in order to Dr. Cleall, as last year's winner, Dr. Nigel Chalk, also conducted his research under Dr. Cleall's supervision.

EXECUTIVE

DENTAL HEALTH MONTH

33. The "Month" has been an apparent success in 1975-76. However, it will be continued only on an annual basis for the time being.

The "Five Year Program" to involve many national and provincial organizations in a massive and high budget preventive education program is still on "hold".

PROFESSIONAL COUNCIL

34. At the 1975 Board meeting, tentative approval was given in principle to the formation of a Professional Council with unapproved terms of reference. Serious misunderstandings have arisen over this Council as many have interpreted the "Approval in principle" to mean that the Council has been established. Such is not the case.

An Ad Hoc Committee is investigating and will report on the recommendations concerning the Council and no action will be taken on its formation until the Board gives its approval.

RESOLVED

Whereas a survey of corporate members and councils did not elicit an overall positive response with respect to the Professional Council; the Executive Council therefore recommends that the Order of Dentists of Quebec be requested to develop the matter further, if it wishes, with the licensing bodies and all interested parties.

Adopted

COMPUTERIZATION

35. Commencing in May 1976, Quebec membership mailing lists have been put on to the computer. Subsequently, all 1976 memberships will be added to the records as received.

The O.D.A. was the lowest for computer services and a tender of \$6,500.00 was accepted for 1976.

SECTION STATUS - PROSTHODONTICS

36. *RESOLVED*

Whereas the Association of Prosthodontists of Canada has complied with the resolution of the Board of Governors (Transactions 1975, Page 11, Prosthodontics) respecting section status and

EXECUTIVE

Whereas the Council on Constitution and By-laws has certified that the Constitution of the Association is not in conflict with the Constitution of C.D.A.

Therefore be it resolved that the Association of Prosthodontists of Canada be granted Section status.

Adopted

RESOLVED

That the above motion be referred to Council on Constitution and By-laws for appropriate By-law amendments.

Adopted

FLUORIDATION

37. Mr. Lloyd Bowen, the Association's Fluoridation Officer, has been invited by the Environmental Toxicology Division of the Health Protection Branch, Department of National Health and Welfare, to again compile information to produce an update of the document, "Fluoridation in Canada". The last such document was produced three years ago - when Mr. Bowen compiled the information and the government printed the report.

As Mr. Bowen will need office facilities to carry out this assignment, the Ontario Dental Association has kindly agreed to provide space for him while he is employed by C.D.A.

C.D.N.A.A. - TERMINATION OF GRANT

38. Mrs. Kerris Franklin, President, expressed C.D.N.A.A.'s appreciation to the Board of Governors for the financial assistance which has been given over the years and gave assurance that the termination of the grant would cause no hardship at this time.

REVIEW OF ANNUAL REPORTS

39. Council wishes to remind all Council chairmen that Annual Reports must be provided to the Executive Council on the date specified in future.

Failure to submit reports on time could result in the Board not being able to consider them, as future Board meetings will follow this year's format in that reports of Councils and other reports will not be referred to Reference Committees.

EXECUTIVE

40. CARIBBEAN DENTAL PROGRAM	APPENDIX 2
41. COMMITTEE ON TAXATION	APPENDIX 3
43. METRIC COMMISSION	APPENDIX 4
44. STANDARDS COUNCIL OF CANADA	APPENDIX 5

RESOLVED

*That all Executive comment appear in the C.D.A.
Transactions in resolution form.*

Adopted

C.D.A. CARIBBEAN DENTAL PROGRAM

MEMBERS: G.E. Burgman, Chairman, Niagara Falls; H. Brouillet, Montreal
F.T. Wihak, Regina

R E P O R T

PROGRESS

1. The last report to the executive was July 14, 1975. Since that time we have sent;
 - (a) Six volunteers covering seven months in St. Lucia
 - (b) Eight volunteers covering nine months in Montserrat.
 - (c) Seven volunteers covering seven months to Dominica.

COMMENT

2. There appears to be an increasing number of last minute cancellations, and these are difficult to replace on short notice. The paper work and incidental expenses (e.g. telephone) are greatly increased when this occurs. However this is covered by C.I.D.A. in an administrative grant, not by the C.D.A.

DOMINICA

3. Our future plans at the moment do not include sending volunteers to Dominica. In March 1976, two weeks before the arrival of the April volunteer, they abruptly cancelled our volunteers, because they are expecting a French dentist who will be serving for one year. However, it is my opinion that they will require our assistance in the future, especially if a preventive program is instituted.

RECOMMENDATION

4. No effort should be made by us to resume this project unless they make the opening gesture, and a guarantee of co-operation in starting a preventive program.

ST. LUCIA

5. We have been able to institute the beginning of a preventive plan in St. Lucia in the schools surrounding Vieux Fort and St. Jude Hospital where we serve. There are dental examinations being carried on in the schools with the permission of the St. Lucian government. The children are brought into the clinic for treatment.

C.D.A. CARIBBEAN DENTAL PROGRAM

RECOMMENDATION

6. We should continue this deserving and appreciated service.

MONTSERRAT

7. The preventive program is slowly being instituted but a lot still needs to be done in this direction. Our volunteers are certainly serving a useful purpose even though there are times we feel we are just replacing the Montserratian dentist, rather than augmenting him. This possibility is known in Montserrat, but we must hold back to a certain extent and not be outspoken in the interests of good public relations. Our program has made "The Canadian Dentists" known and respected throughout the island.

RECOMMENDATION

8. This operation needs our volunteers and will gain efficiency and momentum in time.

HAITI

9. C.I.D.A. has given us permission to send volunteers to Haiti, if we feel it is needed. There are five clinics in operation, which are managed, organized and operated by Dr. Russell MacKenzie, a retired operative professor from Ann Arbor, Michigan. He is devoting his life and savings to these clinics in different parts of Haiti. He can only exist by what he puts in from his savings, donations from other sources and assistance from volunteers. The situation in Haiti is such that it is not the holiday type of visit that it is on the other islands. It is definitely a working visit and some reservation is held that we would get many takers for such a hard working assignment. However, it appears that one volunteer may be going later this year. The living conditions are not as easy and pleasant as on the other islands. However, the need is great and the experience is well worth it. Some thought should be given to shorter assignments on this island, but this would complicate financing on C.I.D.A. terms.

RECOMMENDATION

10. Service in Haiti should be encouraged. My visit there in 1973 shows it to be an efficient and worthwhile service.

C.I.D.A.

11. A meeting was held in Ottawa by C.I.D.A. - N.G.O. I attended at their request so that a decision and plan could be formulated for my upcoming trip to the Caribbean Health Ministers Conference

C.D.A. CARIBBEAN DENTAL PROGRAM

in Montserrat, July 12-16, 1976. My message will state that the C.D.A. program must incorporate a "developmental program" if possible and practical, under the aegis of Caricom (Caribbean Community). There may also be a change in policy with regard to replacing short term assignments with longer ones. Even though clinical work is not terminated, it will be a minor contribution performed aside from the main purpose of training local personnel to carry on a preventive school program. In 3 - 5 years this must be self sufficient so that our expertise will not be required. Needless to say, this will be an increase of the work load, due to extra planning for such a plan.

C.A.R.D.A.

12. An important meeting was held with the core group being CARDA (Caribbean Region Dental Association), in January 1976 in Antigua. It was organized by the Caribbean Secretariat and as a planning group on dental health. Dr. Tom Curry, Dental consultant, Department of Health and Welfare was in attendance. The working notes of the first meeting were sent to me, and it appears that the future will bring improved dental treatment in the Caribbean. The Secretary of Caricom wrote that the C.D.A. has contributed and hopefully will continue to have a significant part in this plan.

RESOLVED

The Board thanks Dr. Burgman and his Committee for their report and efforts on behalf of the Caribbean Dental Program. However, because of uncertainty regarding future financing for the program, the Board recommends the following motion.

"That the involvement of C.D.A. in the Caribbean Dental Program be investigated by the Executive Council."

Adopted

COMMITTEE ON TAXATION

MEMBERS: C.D. Woods, Chairman, Ottawa; J.A. Fleming, Ottawa
and J.R. Miles, St. Catharines

R E P O R T

1. Although the Committee on Taxation did not meet during the past year, members were reached and informed by correspondence. A group of national professional associations met in September, 1974, at which the Executive Director, Dr. McIntosh, attended. At this meeting, a Steering Committee was formed and C.D.A. was invited to sit as a member. At the request of the C.D.A. Executive Council the undersigned was asked to represent C.D.A. on this Steering Committee.
2. Because of the postal strike and poor communications, the first meeting did not take place until 1 December 1975, at which time I attended. A verbal report was made at the time to the Executive Director; however, the meeting tried to find common grounds and a proper approach to government. The definition of Continuing Education was a major point. After consultation with the Executive Director and the Education Committee of R.C.D.S. Ontario, it was agreed that the following could be submitted without encroaching on the principles enunciated by C.D.A. on pages 24 to 39 of the 1975 C.D.A. Transactions, which refers to the U.N.E.S.C.O. definition: "Continuing Education is that part of a dentist's life-long education which permits him to maintain up-to-date knowledge and skills." This was borrowed from a brief submitted by the C.M.A., the word "physician's" being replaced by "dentist's". I do not think there was any copyright involved. Should more information be needed, please advise.

All correspondence was sent out with a copy to other members of this Committee.

3. The inter-professional group was instituted to study ways and means to approach government for tax concessions in relation to Continuing Education. The Steering Committee insisted that a mutually agreed definition of Continuing Education be arrived at before tackling the problem per se. The definition quoted above was submitted on our behalf. The Committee felt in December that the time was inopportune to petition government which was and still is engrossed in an anti-inflationary programme. A meeting was to be held earlier this year but no news has come to me about it, whether it was postponed, cancelled, or whatever.
4. The task of Chairman of the Committee on Taxation is a very important and responsible position which entails a lot of

COMMITTEE ON TAXATION

work and correspondence. Having been appointed originally to finish the term of a resigning member I subsequently became Chairman by virtue of the fact that I was a committee of one and was asked to carry on until the C.D.A. Board and Executive Council had time to study the Task Force report. Finally, two (2) volunteers were elected to the Committee on my recommendation. I really feel I have accomplished the job I was asked to perform and, since this is the end of my term, I would greatly appreciate not to be reappointed.

5. As requested, I forwarded the demands for "increase in the amount of contribution to R.R.S.P. for both private practitioners and salaried dentists; to permit salaried dentists to deduct cost of Malpractice Insurance; to allow deductions for wives employed as assistants or receptionists."

Executive Council accepts Dr. Woods; report with thanks and recommends that the duties of this Committee be assumed by the Executive Council.

Carried

Respectfully submitted

Charles E. Woods

METRIC COMMISSION OF CANADA

REPRESENTATIVE: R.Y. Barolet

R E P O R T

1. Dr. Ralph Y. Barolet was appointed as C.D.A. representative to the Metric Commission of Canada on August 23, 1974. Since the appointment, six (6) sectorial meetings of the Health and Welfare group have been attended.
2. Metric conversion in the Health Sciences in general is progressing rapidly. However, dentistry is by far the leader in the conversion process and hence the impact of conversion is much lessened. On February 4, 1975, a letter was written to all university deans in Canada requesting that all teaching be done using the metric system of units. Responses in the affirmative have been received from all universities in this matter.
3. In the August 1975 issue of the Journal, an article entitled "The Metrics are coming" was published describing the impact of the Metric conversion on the dental profession. The article also gave target dates for conversion of units that the dentist and the layman use in a daily manner so that an awareness of the overall program of conversion would be available.
4. At the annual meeting in St. John's, literature received from the Metric commission was distributed from the C.D.A. Booth. This information was eagerly picked up by the participants at the convention.
5. Activities in the Health and Welfare sector of the Metric Commission are primarily in the medical, pharmaceutical and hospital fields. Very little input from the dental profession is required at this time. In order to maintain an active status and be kept abreast of the activities of the committee and at the same time keep the costs of this project at a minimum, it is proposed to attend every second meeting in Ottawa. This should amount to approximately three (3) meetings during the coming year.
6. No further activities, other than attendance at the sector meetings, is planned for the coming year. If funding can be obtained for travel to Edmonton, an information booth will be established for distribution of pamphlets to the members present.

METRIC COMMISSION OF CANADA

The Board commends Dr. Barolet on the excellence of his report and feels that as dentistry is in the forefront of metric conversion, further involvement of the C.D.A. on this Committee is no longer required.

CARRIED

Respectfully submitted

R.Y. Barolet
Metric Commission of Canada

THE STANDARDS COUNCIL OF CANADA

REPRESENTATIVE: Dr. D.K. Peters

R E P O R T

1. The Standards Council of Canada (SCC) is a statutory corporation created by an act of parliament. It is independent of Government and its policies and operations, although it is financed by parliamentary appropriations.
2. The Council acts as a national coordinating body through which accredited organizations concerned with voluntary standardization may operate and cooperate to recognize, establish and improve Standards in Canada and develop a comprehensive Canadian Standards program to meet both National and International requirements and responsibilities.
3. The Standards Council of Canada Act (October 1970) states that the Council may "represent Canada as the Canadian member of the International Organization for Standardization (ISO), the International Electrotechnical Commission (IEC) and any other similar international organizations engaged in the formulation of voluntary standards and ensure effective Canadian participation in the activities of such organizations".
4. At the second meeting of the Standards Council held November 22, 1971, it was approved that the Council should exercise its powers under the section of the Act quoted above and is now therefore the Canadian Member Body of ISO and the sponsor of the Canadian National Committee on IEC.
5. Since that time, Canada's participation in the work of ISO and IEC has increased significantly with particularly important contributions being made in the medical health care field, in such committees as the following:

(a) International Electrotechnical Commission

IEC/TC62 - Electrical Equipment in Medical Practice

(b) International Organization for Standardization

ISO/TC76 - Transfusion Equipment for Medical Use
 ISO/TC84 - Syringes for Medical Use and Needles for Injections
 ISO/TC106 - Dentistry
 ISO/TC121 - Anaesthetic Equipment
 ISO/TC150 - Implants for Surgery
 ISO/TC157 - Mechanical Contraceptives

THE STANDARDS COUNCIL OF CANADA

6. The members of CDA's Devices and Materials Committee are each actively engaged in a working group of ISO/TC106 (note that these are equivalent to sectional committees in some other ISO committees). Each working group has a very active work program and produces on average two (2) draft standards a year. Each member must assess all the documents for his group and advise on ballot decisions. A total of 17 standards have been worked on in the past year and are expected to be finalized in 1976. Most of these standards will directly affect instruments and materials used in Canada and thus have direct benefit in the efficient delivery of health care. The Canadian contribution to the development of these and earlier standards will greatly facilitate the formation of national standards by the newly formed C.S.A. Committee on Dentistry.
7. Canadian committees have been established to participate in these ISO and IEC Technical Committees' work, contributing their expert knowledge on a voluntary basis.
8. The only financial support the Standards Council provides to these individuals is financial subsidization of travel expenses related to the actual travel costs involved, up to an economy return air fare to the place of the international meeting which could take place anywhere in the world. Last year, as an example, the SCC Travel Subsidization Support for Canadian delegates attending international meetings amounted to approximately \$197,000.
9. You will note from the committee lists attached that most of the experts from the Medical Health Care field are from hospitals, or the academic community, and, as a result, we have found over the last year these individuals are having increasing difficulty in participating in the important international standardization work due to the additional financial obligations that have to be met in attending international meetings having to come from the individual's own pocket, since the Standards Council can only provide the financial support for the actual travel costs and not the per diem expenses for attending the international meetings overseas.
10. Clearly this is not an approach which can be called fair or equitable since the participation by the individuals in the international standards activities and their associated work with the National Standards is of concern to the whole Medical Health Care Community and it is in this regard we are seeking possible additional support from our Association.
11. The Standards Council of Canada Executive Committee addressed itself to this problem and it was agreed that we should request that the Canadian Dental Association provide some financial assistance to aid in meeting the Canadian delegates' expenses

THE STANDARDS COUNCIL OF CANADA

incurred as a result of attending the international meetings, on the basis of a shared cost approach with the Council.

12. It is gratifying to note the interest of the Canadian Fund for Dental Education in the work of Standards is reflected in its involvement in CDA's Committee on Dental Materials and Devices, which is CDA's representation on both the CSA's Committee on Dentistry and ISO/TC106. However, the amount of money allocated, combined with CDA's budget for the standards program, is far from adequate for the program now underway, and this program will be seriously curtailed unless increased resources are found.
13. To date our budget estimates for the attendance of Canadian delegates to meetings of the identified committees is in the order of \$10,000. per year and we would then estimate that the additional costs which are incurred by these delegates on a per diem basis would amount to approximately the same amount of money, e.g. \$10,000.
14. One thing is certain, the impact of International Standards and the contribution that Canada is currently making in the Medical Health Care field, internationally and nationally, is significant and will certainly increase in the future, both in the field of the actual hardware involved, quality and performance of the equipment for Canadian utilization and the safety hazards aspects, in addition to our obligations to share our considerable knowledge of the technology in this field with other countries.
15. Since I realize this whole question of seeking financial subsidization support from our Association for Canadian delegates involved in the Standards aspects of the Medical Health Care field is being brought to your attention for the first time, I am prepared to arrange for meetings with the Executive Council's representative and the senior members of the Standards Council of Canada staff at your convenience, to further explain our requirements and objectives.
16. The status of the Canadian Dental Association on the SCC may be of interest to the Executive Council. In 1971 CDA was asked by SCC to provide a geographically representative list of nominees from which the Minister might select a dentist as a member of Council. From the list, one was selected for a three year term. On the completion of this term, the representative was asked to serve another term. He recommended that, if this representative was to be the CDA's representative, the Association be asked either to confirm this nomination or make another. Despite the fact that the Minister chose to appoint the member apparently without consultation with the

THE STANDARDS COUNCIL OF CANADA

Association, the member still feels it incumbent upon him to represent the interests of the Association and Canadian dentists to the best of his ability, and trusts he enjoys the confidence of the Association. This liaison with the Committee on Dental Materials and Devices has been excellent and we trust that by the relationship, progress will be made in the establishment of a National Standards System for Canadian dental materials and devices.

Executive Council thanks Dr. Peters for his report and service and recommends that any further activity on behalf of the Association with respect to the Standards Council of Canada be referred to the Committee on Dental Materials and Devices.

CARRIED

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1976

1976 ANNUAL MEETING

1. The fourteenth annual meeting of the Canadian Fund for Dental Education was held April 29-30, 1976 at 234 St. George Street, Toronto, Ontario, with all ten Trustees in attendance.

NEW RECORDS IN 1975

2. In his report to this meeting last year my predecessor, Mr. Bud Bower, estimated that our assistance for dental education and research would increase by 25% in 1975 to a record total of \$125,000. As you probably have already learned from our annual report, we didn't quite make it -- it was only \$124,622.
3. Obviously this substantial increase was made possible by more help from our many supporters. Operational income from all sources reached a new high of \$181,000, a 14% increase over 1974, our previous best.

PROGRAMS TO BE SUPPORTED IN 1976

4. The Chairman of the Advisory Committee on Fellowship Selection presented his report in person to the Trustees' meeting. He noted that the Committee considered 36 applications for CFDE fellowships, the largest number ever received. He emphasized that in the opinion of his Committee, the teacher/researcher training fellowship program is CFDE's most valuable contribution to dental education and research. The Committee also suggested that CFDE can point with great pride to a large number of fellowship recipients who are serving with distinction in dental schools, many of whom now head faculty departments.
5. Based on the granting policy adopted by the Board in May 1975, the Advisory Committee recommended fellowships with a total value of \$80,000.
6. In view of available resources and the Board's desire to support other projects, the amount was subsequently reduced with the Advisory Committee's approval to \$64,000. This provided seven full fellowships and nine half fellowships for sixteen dentists and five fellowships of \$1,000 each for prospective dental hygiene educators.
7. The Advisory Committee recommended that a thorough review should be carried out of dentists who had applied for CFDE fellowship support over the past ten years in order to document the assistance the Fund

has given to dental education and research. Although no funds were allocated for this purpose, the Trustees passed a resolution authorizing the undertaking of such a study with the cooperation of ACFD and its member institutions.

8. In order to provide effective leadership and continuity for this important Committee, a resolution was passed appointing a chairperson for a non-renewable term of up to three years, regardless of his or her previous service on the Committee, with the other three members to be appointed for a maximum non-renewable term of three years. Dr. H. John MacConnachie of Dalhousie University retired from the Committee in 1976 and the Chairman of the Board of Trustees was authorized to select a replacement from the Province of Quebec. The Trustees' appreciation of Dr. MacConnachie's valued assistance is herewith recorded.
9. In 1971/72 the Fund was the recipient of a number of contributions in honour of Mr. Douglas Gow. In accordance with Mr. Gow's wishes and the approval of the Douglas Gow Committee, the funds totalling \$1,410 were turned over to the Dental Students' Society of the University of Toronto.
10. As we all know, the University of Toronto celebrated its Centennial in 1975 and the Fund received a number of special contributions from dentally related companies honouring this occasion. These gifts totalled \$5,725 and as requested, were turned over to the Centennial Committee to finance educational projects.
11. In an effort to make the Fund's assistance to dental students as meaningful as possible, Dr. W.H. Feasby (Chairman of CDA's Council on Education) and Miss L. Teteruck (Secretary, Office of Students' Affairs) were invited to attend our annual meeting. In the light of the discussion with these two knowledgeable people the Board approved the same format for the Student Table Clinic Program as was in effect the previous year at an estimated cost of \$4,500.
12. A grant of \$5,500 was approved to fund this year's Dental Students' Conference including the expenses of the student representative to CDA's Council on Education meeting.
13. With the continuing generous assistance from the W.K. Kellogg Foundation a grant of \$14,300 was approved for CDA'S accreditation survey program.
14. In 1975 a grant of \$3,000 was approved for a CDA sponsored dental teaching conference. This conference on Practice Management was not held until February 1976, and, therefore, the Trustees approved an additional grant of \$3,000, or \$6,000 in all, in the expectation that a second conference will be held in 1976.

C F D E

15. It is expected that income from the Lorne E. MacLachlan Endowment Fund will be approximately \$5,400 in 1976 and the Prosthodontics Departments at the Universities of Toronto, McGill and Dalhousie will benefit accordingly.
16. Two grants totalling \$3,450 were approved for dental hygiene workshop conferences.
17. \$17,000 was approved for a research project being conducted at the University of Toronto aimed at providing clinical benefits in the treatment of congenital malformations and mandibular fractures. Funds for the first year of this interesting project were provided by the Hospital for Sick Children Foundation.
18. The 9th Biennial Conference on Dental Research and Education sponsored by ACFD was held in Edmonton this year and was largely funded by a CFDE grant of \$10,000.
19. The CDA's Committee on Dental Materials and Devices will receive a grant of \$2,000 in support of its 1976/77 activities.
20. The Canadian Dental Nurses & Assistants Association was awarded \$1,500 to finance a workshop conference.
21. Each of Canada's ten dental faculties will, on application, receive a grant of \$1,000. Unfortunately this award had to be reduced from last year's figure of \$1,250 for each institution.
22. All of the aforementioned awards total \$144,000 and will leave us with an anticipated deficit of about \$6,000.
23. I think you will be pleased to know that the Board directed its Review & Management Committee to use uncommitted reserves up to a maximum of \$30,000 to meet any anticipated requests for funds in 1976 related to dental teaching and research.

LOAN PROGRAM

24. In the course of the last couple of years the Fund has spent considerable time investigating the possibility of establishing a loan program for undergraduate and graduate dental students. Although still interested in such a program, the Trustees decided for the present, to discontinue their active investigations because of difficulties in working out satisfactory arrangements with lending agencies.

FUND RAISING

25. Although we are, I think justifiably, proud of the progress we have made to date, we are concerned about the number of dentists who have not yet seen fit to support the fund personally. Without going into all the details, I can say that we have plans to correct this situation. We also earnestly solicit your help and cooperation as

leaders of the profession in pointing out the many advantages now and in the future of supporting dentistry's own CFDE. We also feel that support from business and industry can be increased and we shall be taking more aggressive action in this direction.

26. The Trustees are aware that if worthwhile educational and research projects are identified, suitable funding can sometimes be obtained. With this in mind, CDA'S Council on Education and the Association of Canadian Faculties of Dentistry have been requested to submit suitable suggestions.

RELOCATION OF CFDE OFFICE

27. At its 1975 meeting and after careful consideration of all factors, the Trustees decided that in the best long term interests of all concerned, the CFDE office should remain in the City of Toronto. At the request of the CDA Executive Council the matter was re-considered at our 1976 Annual meeting. While there are obvious advantages and disadvantages to locating the Fund office in either Toronto or Ottawa, the Trustees again decided that on balance, it was more advantageous for the Fund to remain in Toronto. Accordingly they reaffirmed their 1975 decision and the Fund is now located in new premises at No. 205, 44 Eglinton Avenue West, Toronto.

MORTGAGE ON CDA BUILDING IN OTTAWA

28. I am sure you will all be pleased to know that CFDE has advanced \$300,000 to CDA to assist with the financing of its new Ottawa premises. \$279,000 came from Capital Fund contributions and the balance from the Fund's reserves. Originally the funds were loaned on a first mortgage (at 10% interest) and this was subsequently changed to a second mortgage (at 12% interest). These are regarded by the Trustees as being as favourable rates as are possible under the circumstances. The interest rate charged by the Fund on the present second mortgage is keyed to the rate on the Association's present first mortgage, i.e. 1% higher. This rate is subject to annual review.

RESIGNATIONS AND APPOINTMENTS

29. It was with deep regret that the Board of Trustees accepted the resignation of Dr. W.G. McIntosh. The Board passed a resolution expressing its sincere appreciation for the many and diverse contributions Dr. McIntosh has made to the development of CFDE. The Board will miss his ever-ready advice and counsel and we salute his achievements and services with admiration and affection. We draw to your attention the fact that Dr. McIntosh's resignation has left a potential vacancy on the Board of Trustees, in a role which for some years has been filled by the Executive Director of the CDA on an ex-officio basis. We suggest that a short term or

long term possible replacement for Dr. McIntosh might be a subject for discussion with the Association in the near future.

RESOLVED

That the Executive Council of the CDA submit a nomination to the CFDE for a representative to sit on its Board of Directors as an ex-officio member.

Adopted

30. All three Trustees whose first term of office expired with this meeting, have agreed to serve for a second term and, therefore, the following are nominated for reappointment:

M.J. Crompton
D.L. Rife
J.W. Neilson

DEED OF TRUST

31. May I now deal with a matter of deep concern to my fellow Trustees and myself. First of all though, I would like to express the Board's gratitude to Dr. Lindsay Mussells, the CDA President, for taking the time to appear at our April meeting and to discuss frankly matters of concern to both CDA and CFDE. I believe the ensuing dialogue was of benefit to all concerned and I am hopeful the same will apply to any discussions which may emerge from the presentation of the Report.
32. You will recall that in our Report of last year and on the strong advice of our solicitors, we requested that the Board of Governors amend the Deed of Trust under which the Fund has operated since its inception in 1962.
33. The Board of Governors approved the requested adjustments with one exception, i.e. that nominees to the Board of Trustees of the Canadian Fund for Dental Education be ratified by the Executive Council of the Canadian Dental Association. (Our requested amendment last year was that the CFDE Board of Trustees have the right to select successor Trustees under its own authority.)
34. Our solicitors, Shibley, Righton & McCutcheon, were asked if the above resolution would enable them to draft a new Deed of Trust eliminating any conflict of interest situation. A second legal opinion in respect of the present Deed of Trust was obtained from the law firm of Osler, Hoskin & Harcourt.
35. The Board of Trustees has reviewed the two opinions received from Counsel (relative to the Deed of Trust on the amendment under discussion). Both opinions state unequivocally that the Fund will

place itself in legal jeopardy if the provision in the Deed of Trust is maintained without the amendment requested.

36. In keeping with its legal responsibility and the need to act prudently on behalf of its public trust, the Board of Trustees of the CFDE respectfully and urgently request the Board of Governors of the CDA to reconsider its action in regard to the amendment in order to avoid the legal consequences which might flow from the continuation of the present restrictive provision in the Deed of Trust.

CDA GRANT TO CFDE

7. It is difficult for me to overemphasize the importance to the Fund of tangible support from the dentists' national association. Coincidentally though, we are keenly aware of the financial problems CDA is currently facing, and we can only hope that your support will be continued, in some measure at least, and to the greatest extent you think possible.

APPRECIATION

38. In my opinion the Canadian Fund for Dental Education is making an increasingly significant contribution to the advancement of dental education and research in Canada. I am honoured, therefore, to serve as Chairman and take great pleasure in presenting this, my first Report to the CDA Board of Governors.

Respectfully submitted

John W. Neilson, D.D.S., Chairman
CFDE Board of Trustees

RESOLVED

That an Ad Hoc Committee be formed by the executives of CDA and CFDE to discuss the relationship between CDA and CFDE and to submit a report to the executives of both organizations.

And further that a member of the CDA Executive Council be appointed to the management committee of CFDE.

CONSTITUTION AND BY-LAWS

MEMBERS: H.R. MacLean, Edmonton, Chairman; P.S. Christie, Halifax; W. Heaslip, Toronto; H. Brouillet, Montreal

R E P O R T

MEETINGS

1. No meetings of Council were held during 1975-76.

BOARD OF GOVERNORS

2. (a) The 1975 directive (1975T9) and the Executive Council directive, September 8, 1975 were implemented.
- (b) Comments were received up to April 10, 1976 from British Columbia, Alberta, Saskatchewan, New Brunswick, and the Canadian Forces Dental Service. No replies were received from the remaining six (6) corporate bodies.
- (c) The draft By-laws containing the proposed amendments are attached.

The Board wishes to record a vote of highest commendation with respect to the actions of Council in performing such an involved and difficult task with diligence and thoroughness. Furthermore, the Chairman is to be commended for having performed his task so well under the most arduous and trying conditions.

EXECUTIVE COUNCIL

3. Executive Council, November 8, 1975, gave notice of a proposed amendment to Article XI, Section 2.

RESOLVED

That Article XI, Section 2, to the By-law be amended to read:

"The Executive Council shall consist of the President, Immediate Past-President, President-Elect and four (4) additional members. The President-Elect and four (4) additional members shall be elected by the Board of Governors from its membership".

4. The Executive Council has requested that a By-law be drafted which would enable national dental organizations which do not qualify for section status to apply for group affiliation with C.D.A.

CONSTITUTION AND BY-LAWS

Accordingly the following resolution is proposed:

RESOLVED

That Article XV be amended as follows:

- (a) Re-title "Sections and Groups".
- (b) Following the paragraph defining "Sections" - add a new paragraph: "Groups of the Association shall be national organizations of certain groups recognized by the Association which have applied for and have been admitted to group status by the Board of Governors".
- (c) In Section 2, and Section 3, wherever "Section" appears add "or group".

RESOLVED

As Items 3 and 4 are contained in the draft by-laws, no action is required.

Adopted

RESOLVED

That the Constitution and By-Laws be adopted as amended.

Adopted

LETTERS PATENT AND BY-LAWS

OF THE

CANADIAN DENTAL ASSOCIATION



(reprinted Jan/74)

L E T T E R S P A T E N T

T O

CANADIAN DENTAL ASSOCIATION

continuing the incorporation
of CANADIAN DENTAL ASSOCIATION
under the provisions of the
Canada Corporations Act under
the name CANADIAN DENTAL
ASSOCIATION -- L'ASSOCIATION
DENTAIRE CANADIENNE

DATED 31st July, 1972

RECORDED 14th September, 1972

Film 315 Document 166

P. McEwan
Deputy Registrar General of Canada.

(reprinted Jan/74)



Canada

By the Minister of Consumer and Corporate Affairs.
To all to whom these presents shall come, or to whom the same may in
anywise concern,

Greeting:

WHEREAS, in and by section 159 of Part III of the Canada Corporations Act, it is in effect enacted that any corporation without share capital incorporated by Special Act of the Parliament of Canada for the purpose of carrying on, without pecuniary gain to its members, objects, to which the legislative authority of the Parliament of Canada extends, of a national, patriotic, religious, philanthropic, charitable, scientific, artistic, social, professional or sporting character, or the like objects, may apply for letters patent continuing it as a corporation under Part II of the Canada Corporations Act;

AND WHEREAS it has been established that CANADIAN DENTAL ASSOCIATION (hereinafter called the "Association") was incorporated by an Act to incorporate the Canadian Dental Association, Senate of Canada Bill, 3rd Session, 19th Parliament, 6 George VI, 1942;

AND WHEREAS the Association has applied for letters patent continuing it as a corporation under Part II of the Canada Corporations Act under the name CANADIAN DENTAL ASSOCIATION--L'ASSOCIATION DENTAIRE CANADIENNE and has satisfactorily established the sufficiency of all proceedings required by the said Act to be taken and the truth and sufficiency of all facts required to be established previous to the granting of such letters patent;

NOW KNOW YE that the Minister of Consumer and Corporate Affairs, by virtue of the power vested in him by section 159 of the Canada Corporations Act, does, by these letters patent, continue the Association as a corporation under the provisions of Part II of the said Act and does ordain and declare as follows:

- "1. The name of the Association to be continued is CANADIAN DENTAL ASSOCIATION -- L'ASSOCIATION DENTAIRE CANADIENNE.
2. The objects for which the Association is to be continued are:

- (a) to cultivate and promote the art and science of dentistry and all its collateral branches, and to maintain the honour and interests of the dental profession;

The Board recommends that in line two after "branches, and to" the words "protect and" be added.

- (b) to conduct, direct, encourage, support or provide for exhaustive dental and oral research
 - (c) to elevate and sustain the professional character and education of dentists;
 - (d) to promote mutual improvement, social intercourse and goodwill among the members of the profession;
 - (e) to enlighten and direct public opinion in relation to oral hygiene, dental prophylaxis, oral health and advanced scientific dental service;
 - (f) to disseminate knowledge of dentistry and dental discoveries;
 - (g) to have cognizance of and safeguard the common interests of the dental profession;
 - (h) to publish dental journals, reports and treatises; and
 - (i) to do all further or other lawful acts and things as are incidental or conducive to the attainment of the above objects.
3. The head office of the Association is to be situated in the Municipality of Metropolitan Toronto, in the Judicial District of York, in the Province of Ontario.

Council recommends deletion of "Toronto" and "York" and substitution of "City of Ottawa" and "in the Regional Municipality of Ottawa Carleton".

The Board agrees.

4. It is specially provided that, when authorized by by-law duly passed by the board of governors and sanctioned by at least two-thirds (2/3) of the votes cast at a special general meeting of the members duly called for considering the by-law, the board of governors of the Association may from time to time:
- (a) borrow money upon the credit of the Association;
 - (b) limit or increase the amount to be borrowed;

- (c) issue debentures or other securities of the Association;
- (d) pledge or sell such debentures or other securities for such sums and at such prices as may be deemed expedient; and
- (e) secure any such debentures, or other securities or any other present or future borrowing or liability of the Association, by mortgage, hypothec, charge or pledge of all or any currently owned or subsequently acquired real and personal, movable and immovable, property of the Association, and the undertaking and rights of the Association.

Any such by-law may provide for the delegation of such powers by the board of governors to such officers or governors of the Association to such extent and in such manner as may be set out in such by-law.

Nothing herein limits or restricts the borrowing of money by the Association on bills of exchange or promissory notes made, drawn, accepted or endorsed by or on behalf of the Association.

5. The business of the Association shall continue to be carried on without pecuniary gain to its members and any profits or other accretions to the Association shall be used in promoting its objects."

GIVEN under the seal of office of the Minister of Consumer and Corporate Affairs at Ottawa this thirty-first day of July, one thousand nine hundred and seventy-two.

(sgd.) ?

for the Minister of Consumer
and Corporate Affairs

(SEAL)

CANADIAN DENTAL ASSOCIATION
L'ASSOCIATION DENTAIRE CANADIENNE

GENERAL BY-LAWS

A By-law relating generally to the transaction of the business and affairs of the CANADIAN DENTAL ASSOCIATION, L'ASSOCIATION DENTAIRE CANADIENNE.

BE IT ENACTED AND IT IS HEREBY ENACTED as a By-law of the CANADIAN DENTAL ASSOCIATION, L'ASSOCIATION DENTAIRE CANADIENNE (hereinafter called the "Association") as follows:

ARTICLE I

NAME

The name of the Association shall be the CANADIAN DENTAL ASSOCIATION and in French, L'ASSOCIATION DENTAIRE CANADIENNE.

ARTICLE II

HEAD OFFICE

The head office of the Association shall be in the Municipality of Metropolitan Toronto, in the Province of Ontario and at such place therein as the Board of Governors may from time to time determine.

Council recommends deletion of "Toronto" and substitution of "Ottawa".

The Board agrees.

ARTICLE III

SEAL

The seal, an impression whereof is stamped in the margin hereof, shall be the corporate seal of the Association.

ARTICLE IV

OBJECTS AND PURPOSES

The objects and purposes of the Association shall be those set forth in the Letters Patent continuing the Association under Part II of the Canada Corporations Act, namely:

- (a) to cultivate and promote the art and science of dentistry, and all its collateral branches, and to maintain the honour and interests of the dental profession;

The Board recommends that in line two after "branches, and to" the words "protect and" be added.

- (b) to conduct, direct, encourage, support or provide for exhaustive dental and oral research;
- (c) to elevate and sustain the profession character and education of dentists;

- (d) to promote mutual improvement, social intercourse and goodwill among the members of the profession;
- (e) to enlighten and direct public opinion in relation to oral hygiene, dental prophylaxis, oral health and advanced scientific dental service;
- (f) to disseminate knowledge of dentistry and dental discoveries;
- (g) to have cognizance of and safeguard the common interests of the dental profession;
- (h) to publish dental journals, reports and treatises;
- (i) to do all further or other lawful things and acts as are incidental or conducive to the attainment of the above objects.

ARTICLE V

MEMBERSHIP

There shall be five (5) classes of members in the Association: Corporate members, Individual members, Honorary members, Associate members and Student members.

Council recommends deletion of the above paragraph and substitution of the following:

There shall be seven (7) classes of members in the Association: Corporate (voting), Active, Affiliate, Honorary, Associate, Student and Supporting.

The Board agrees.

Section 1

Corporate Members (Voting Members)

Corporate members shall initially consist of provincial statutory licensing bodies. A corporate member may, pursuant to Article VI, Section 1(a) assign its Corporate membership to another provincial statutory dental corporation subject to the approval of the Board of Governors. Continuance of membership by a Corporate member shall be contingent upon the payment of an annual grant established by Article XVIII. If a provincial statutory dental corporation which has become a Corporate member by assignment fails to pay its annual grant when payable, its membership shall terminate and be deemed to be assigned to its provincial licensing body from which it was assigned its membership. No Corporate member shall withdraw from membership except upon written notice to the Executive Director who will present the notice at the next annual meeting of the Board of Governors. No Corporate member may withdraw from membership until the expiration of one year from the date of notice thereof. If a provincial statutory dental corporation withdraws from membership

then on expiry of the one year notice its membership shall be deemed to be assigned to the provincial statutory licensing body from which it was assigned its membership. The Executive Director will advise the Corporate members of any notice of withdrawal within thirty days of the receipt by the Association of such notice or at the next annual meeting of the Board of Governors, whichever date shall first occur.

Council recommends deletion of the above paragraph and substitution of the following

Section 1 Corporate Members (Voting Members)

- (a) Corporate members shall consist of provincial statutory dental associations. The Canadian Forces Dental Service shall be a voting member.
- (b) The following shall be eligible for Corporate membership on payment of the annual fee:

*The College of Dental Surgeons of British Columbia
The Alberta Dental Association
The College of Dental Surgeons of Saskatchewan
The Manitoba Dental Association
The Ontario Dental Association
L'Association des Chirugiens-dentistes de Quebec
The New Brunswick Dental Society
The Nova Scotia Dental Association
The Dental Association of Prince Edward Island
The Newfoundland Dental Association*

- (c) Continuance of membership by a Corporate member shall be contingent upon payment of an annual fee established by Article XVIII.
- (d) Corporate membership shall terminate and be deemed to be assigned to the Board of Governors of the Association if a Corporate member fails to pay its annual fee when payable.
- (e) No Corporate member shall withdraw from membership except upon written notice to the President of the Association who will present the notice to the next annual meeting of the Board of Governors.
- (f) A Corporate member may withdraw membership one year after notice of withdrawal of membership has been received.
- (g) Corporate membership of a withdrawing member shall be deemed to be assigned to the Board of Governors of the Association.
- (h) The Executive Director will advise the Corporate members of any notice of withdrawal of membership, or of any failure to make payment of the annual fee when payable, within thirty days of receipt of such notice by the President or within thirty days of the expiry of the payment date of the annual fee, or at the next annual meeting of the Board of Governors, whichever date shall occur first.

The Board agrees and recommends the addition of:

*The Canadian Forces Dental Service
after
The Newfoundland Dental Association*

*Adopted
(as amended)*

Section 2

Individual Members

Individual members shall consist of those licensed dentists who are registered as members of Corporate members and who have been admitted to membership in the Association upon the recommendation of the governing bodies of Corporate members.

Council recommends deletion of the above paragraph and substitution of the following:

Section 2

Active Members

Every dentist, licensed to practice dentistry in a province of Canada and a member in good standing of the Corporate member for that province or of the Canadian Armed Forces, shall be an Active member on recommendation of the Corporate member and on payment of the appropriate annual fee.

The Board disagrees and recommends the deletion of "for that province or of the Canadian Armed Forces"

Adopted

Council resolved that the following new Section 3 be added and the remaining sections be renumbered.

Section 3

Affiliate Members

Any dentist, in good standing, licensed to practise dentistry in a province of Canada, but not a member of the Corporate member for that province, shall be an Affiliate member on payment of the appropriate annual fee.

The Board recommends the addition of "or territory" after "province".

Adopted

Section 4

Honorary Members

Honorary members shall consist of persons who shall have rendered valuable service to the Association, and such other persons as may be determined by the Executive Council and who shall have been elected to Honorary membership by the Executive Council and who shall have consented to such election.

Section 5

Associate Members

Associate members shall consist of persons who shall have made application for and shall have been admitted to Associate membership in the Association by the Executive Council.

Council recommends deletion of the above paragraph and substitution of the following:

Any dentist, in good standing, graduated by a Canadian faculty of dentistry, but not licensed to practise in a province of Canada or who has retired from practice, or who qualifies through special mitigating circumstances, may apply to the Executive Council to be granted Associate membership upon payment of the appropriate annual fee.

The Board recommends deletion of the above paragraph and substitution of the following:

Section 5

Associate Members

Any dentist, in good standing, graduated by a Canadian faculty of dentistry, but not licensed to practise in a province of Canada or who has retired from practice, or who qualifies through special mitigating circumstances, may apply to the Executive Council to be granted Associate membership upon payment of the appropriate annual fee and shall become an Associate member upon being admitted by the Executive Council and upon payment of the appropriate annual fee.

Adopted

Section 6

Student Members

Student members shall consist of persons who shall have been admitted to Student membership in the Association by the Executive Council. Undergraduate students at an accredited dental school in Canada are eligible to become Student members. Graduate dentists who have gone directly from their undergraduate program to a full academic year of advanced study at an accredited school or in a hospital program approved by the Association are also eligible to become Student members.

Council recommends deletion of the above paragraph and substitution of the following:

Section 6

Student Members

Any undergraduate student in an accredited dental school in Canada and recommended for membership by the Canadian Dental Students Conference, or, any graduate dentist otherwise eligible for Active or Affiliate membership who has gone directly from an undergraduate programme to a full academic year or more of advanced study in a university, or in a hospital programme approved by the Association, shall be granted Student membership upon payment of the appropriate annual fee.

The Board agrees.

Council recommends addition of the following new Section 7:

Section 7 Supporting Members

Any person having an interest in the welfare of the Association and who does not otherwise qualify as an Active, Affiliate, Honorary, Associate or Student member shall be eligible to apply for Supporting membership and shall become a Supporting member on being admitted by the Executive Council and upon payment of the appropriate annual fee.

The Executive Council agrees but recommends further, deletion of the word "welfare" in line one and substitution of the word "well-being".

The Board agrees with the paragraph as amended by Executive Council

ARTICLE VI

PRIVILEGES OF MEMBERS

Section 1 Corporate members

- (a) *A corporate member may assign its Corporate membership to another provincial dental corporation, subject to the approval of the Board of Governors pursuant to Article V, Section 1.*

Council recommends deletion of the above paragraph, and substitution of the following:

Section 1 Corporate members

- (a) *A corporate member may assign its Corporate membership to another provincial dental corporation subject to the approval of the Board of Governors.*

Corporate members shall be entitled to appoint one or more members to the Board of Governors and shall be entitled to receive statistical data and such other analyses produced regularly by the Association and to contact for and purchase research and other services available through the Association.

The Board agrees.

- (b) *A Corporate member shall designate representatives to the Board of Governors pursuant to Article VIII, Section 2(a), 2(b), and Section 3.*
- (c) *A Corporate member shall designate members of the Association pursuant to Article V, Section 2 and Article XVII.*

Council recommends deletion of the word "individual" and substitution of "Active".

The Board agrees.

- (d) A Corporate member may designate to the Executive Council Student members of the Association pursuant to Article V, Section 5.

Council recommends deletion of the above paragraph and re-lettering the remainder.

The Board agrees.

- (d) A Corporate member may make submissions to the Board of Governors by way of submitted resolutions pursuant to Article XXIV.
- (e) A Corporate member shall be entitled to one vote at all meetings of members of the Association, provided that such member is not then in arrears in payment of any grants, dues or assessments of the Association. Written notice of the appointment of any person or official to vote on behalf of such Corporate member shall be filed with the Executive Director of the Association at least twenty-four (24) hours prior to any meeting of members of the Association.

Council recommends deletion of the above paragraph and substitution of the following:

- (e) Each Corporate member shall be entitled to one vote per designated representative at all meetings of members of the Association, provided that such member is not then in arrears in payment of any grants, dues or assessments of the Association. Written notice of the appointment of any person or official to vote on behalf of such Corporate member shall be filed with the Executive Director of the Association at least twenty-four (24) hours prior to any meeting of members of the Association.

The Board agrees.

Section 2

Individual Members

- (a) An Individual member in good standing shall be entitled annually to a certificate of membership, to receive the Journal of the Canadian Dental Association, to attend scientific meetings of the Association on payment of applicable registration fees and to enjoy all other facilities of the Association.
- (b) An Individual member in good standing shall be eligible for election or appointment to any office or agency of the Association, except as otherwise provided in these By-laws.
- (c) An Individual member under disciplinary sentence of suspension by a provincial licensing body may not hold office in the Association or participate in its proceedings. Temporary suspension will not be cause to forfeit eligibility to Association-sponsored insurance plans.

- (d) Individual members shall not be entitled to vote on any questions arising at meetings of voting members.

Council recommends deletion of the word, "Individual", and substitution of "Active" so that the paragraphs read as follows:

Section 2

Active Members

- (a) An Active member in good standing shall be entitled annually to a certificate of membership, to receive the Journal of the Canadian Dental Association, to attend scientific meetings of the Association on payment of applicable registration fees and to enjoy all other facilities of the Association.
- (b) An Active member in good standing shall be eligible for election or appointment to any office or agency of the Association, except as otherwise provided in these By-Laws.
- (c) An Active member under disciplinary sentence of suspension by a provincial licensing body may not hold office in the Association or participate in its proceedings. Temporary suspension will not be cause to forfeit eligibility to Association-sponsored insurance plans.
- (d) Active members shall not be entitled to vote on any questions arising at meetings of voting members.

The Board agrees but recommends further, the addition of "and investment" after "insurance" in paragraph (c).

The Board recommends the addition of the following new Section 3 and re-numbering of the remainder:

Section 3

Affiliate Members

- (a) Resolved that an Affiliate member in good standing shall be entitled annually to receive a certificate of membership and the Journal of the Canadian Dental Association.
- (b) He shall be entitled to attend scientific sessions of the Association on payment of applicable registration fees and to enjoy such other services as are authorized by the Executive Council. He shall not be entitled to serve as a member of the Board of Governors, the Executive Council or as chairman of a council. Affiliate members shall not be entitled to vote on any question arising at any meeting of members of the Association.

- (c) *Affiliate members will not be caused to forfeit eligibility to Association sponsored insurance and investment plans while under temporary disciplinary suspension of licence.*

Adopted

Section 4 Honorary Members

An Honorary member shall be entitled to receive a certificate of Honorary membership and a complimentary subscription to the Journal of the Canadian Dental Association. He shall be entitled to attend scientific meetings under the auspices of the Association without payment of registration fee. An Honorary member shall not be entitled to vote on any question arising at any meeting of members of the Association.

Section 5 Associate Members

An Associate member in good standing shall be entitled annually to receive a certificate of membership and the Journal of the Canadian Dental Association.

He shall be entitled to attend scientific sessions of the Association on payment of applicable registration fees and to enjoy such other services as are authorized by the Executive Council. He shall not be entitled to serve as a member of the Board of Governors, the Executive Council or as chairman of a council, but may serve as a member of a committee or council. Associate members shall not be entitled to vote on any question arising at any meeting of members of the Association.

The Board recommends deletion of the above paragraphs and substitution of the following:

Section 5 Associate Members

An Associate member in good standing shall have the same rights and privileges as an Affiliate member.

Adopted

Section 6 Student Members

A Student member in good standing shall have the same rights and privileges as an Associate member.

The Board recommends deletion of the above paragraph and substitution of the following:

Section 6

Student Members

- (a) A Student member in good standing shall be entitled annually to a certificate of membership, to receive the Journal of the Canadian Dental Association, to attend scientific meetings of the Association on payment of applicable registration fees and to enjoy all other facilities of the Association.
- (b) A Student member in good standing shall be eligible for election to any office or agency of the Association except as otherwise provided in these By-laws and except that he shall not be entitled to serve as a member of the Executive Council.
- (c) A Student member shall be entitled to vote in the election of a member of the Board of Governors to represent the Student members.
- (d) Student members shall not be entitled to vote on any question arising at any meeting of members of the Association except as a member of the Board of Governors.

The Board agrees.

The Board recommends addition of the following new Section 7:

Section 7

Supporting Members

A Supporting member in good standing shall be entitled annually to receive a certificate of membership and the Journal of the Canadian Dental Association. He shall be entitled to attend scientific sessions of the Association on payment of applicable fees and to enjoy such other services as are authorized by the Executive Council. A Supporting member shall not be entitled to vote on any question arising at any meeting of members of the Association, and be able to participate in the insurance and investment programs of CDA.

The Board agrees.

ARTICLE VII

TERMINATION OF MEMBERSHIP

The interest of any member of the Association, other than a Corporate member, is not transferable and lapses and ceases to exist.

- (a) if the dues or assessments due and payable by such member are more than two (2) months in arrears and the Board of Governors determine by resolution that such membership be terminated.

The Board recommends deletion of paragraph (a) and substitution of the following:

- (a) *if the dues or assessments due and payable by such member are more than two (2) months in arrears of the date of termination of the fiscal year of the appropriate corporate member.*

Adopted

- (b) upon the death of the member; and
- (c) upon the resignation by notice in writing addressed to the Executive Director of the Association, which resignation shall be effective upon receipt thereof by the Executive Director.

The transferability of the interest of a Corporate member and its rights with respect to termination of its membership in the Association shall be as set out in Article V, Section 1.

ARTICLE VIII

BOARD OF GOVERNORS

Section 1

Composition

- (a) There shall be a governing body called the Board of Governors which shall include the President, immediate Past President and additional voting members, who shall be designated representatives of the Corporate members pursuant to Article VIII, Section 2(b) provided that one of the additional voting members shall be the President-elect.

Council on Constitution and By-law recommends deletion of the above paragraph and substitution of the following:

Section 1

Composition

- (a) There shall be a Board of Governors which shall include the President, the Immediate Past President, one member from each Corporate member, one member for each 500 Active members or majority thereof in each province, one member representative of the Student members, and one member representative of the Canadian Forces Dental Service.

The Executive Council disagrees and recommends substitution of the following:

Section 1

Composition

- (a) There shall be a Board of Governors which shall include (i) the President; (ii) the Immediate Past President; (iii) one member from each Provincial Corporate Member for the first 500 Active members or part thereof exclusive of members who are Officers in the Canadian Forces Dental Services; (iv) one member for each additional 500 Active members or majority thereof in each Province, exclusive of members who are officers in the Canadian Forces Dental Services; (v) one member representative of the Student members; (vi) one member for each 500 Active Members or

part thereof of the members who are officers in the Canadian Forces Dental Services.

*Adopted(as amended
by the Executive Council)*

- (b) In addition, there shall be four non-voting members, namely, the Directors of the Dental Divisions of the Department of National Defence, the Department of National Health and Welfare, the Department of Veterans Affairs and a student member representative.

Council recommends deletion of the above paragraph and substitution of the following:

- (b) *In addition, there shall be two non-voting members, namely, the senior dental representative of the Department of National Health and Welfare and the Department of Veterans Affairs.*

The Board agrees.

- (c) The Chairman of the Board of Governors and the appointed officials of the Association shall be ex-officio members without the power to vote.

Section 2

Elections

- (a) Each Corporate member shall be entitled to elect or appoint one of its members to the Board of Governors and shall be entitled to elect or appoint an additional representative for each additional five hundred of its members or major portion thereof.

Council recommends deletion of paragraph (a) and re-lettering the remainder.

The Board agrees.

- (a) *Each Corporate member shall elect or appoint its representative or representatives to the Board of Governors in such manner as the Corporate member may decide.*

Council on Constitution and By-laws recommends the addition of the following new paragraph (b):

- (b) *In like manner, the Student Conference and the Canadian Forces Dental Services shall each select one member on the Board of Governors.*

The Board agrees but recommends deletion of "one" and substitution of "its representative".

Adopted

- (c) When the representative of a Corporate member assumes the office of President such Corporate member shall elect or appoint another representative to fill the vacancy on the Board of Governors so created for the duration of the said President's term of office.

Council recommends the addition of the following new paragraphs (d) and (e):

- (d) *No person shall be eligible for election until he has signified in writing his willingness to serve, his agreement to adhere to the By-laws of the Association and his intention to attending meetings of the Board of Governors while a member.*
- (e) *No member of the Association shall be eligible to be a member of the Board of Governors for more than three consecutive terms of two years, unless he is elected to the office of President-elect in which case he shall automatically remain on the Board of Governors for three additional years from the time he becomes President-elect.*

The Board agrees.

Section 3

Certification

The Secretary of each Corporate member at least sixty days prior to the first session of the annual meeting of the Board of Governors shall provide the Executive Director with the names of its representative and representatives. In the event of sickness or other forced absence of a representative or representatives, a Corporate member may change its representative or representatives providing notification of such change is given in writing to the Executive Director before seating the alternate representative.

Section 4

Financial Responsibility

- (a) The Association shall assume financial responsibility for the President and immediate Past President and voting members of the Board of Governors to attend sessions of the Board of Governors.
- (b) The Association shall also assume financial responsibility for the Chairman of the Board of Governors, the appointive officials and the chairmen of councils to attend sessions of the Board of Governors.
- (c) The financial responsibility for non-voting members to attend sessions of the Board of Governors shall not be assumed by the Association.

Section 5

Powers

- (a) The Board of Governors shall be the supreme authoritative body of the Association.
- (b) It shall determine the policies which shall govern the Association.
- (c) It shall have power to enact, amend and repeal the By-laws governing the Association pursuant to Article XXIII.
- (d) It shall have the power to adopt and amend the Code of Ethics.
- (e) It shall have the power to approve all memorials, resolutions and opinions to be issued in the name of the Association.
- (f) It shall have the power to conduct, in all other particulars, the affairs of the Association.

Section 6

Duties

It shall be the duty of the Board of Governors:

- (a) to elect the elective officers.
- (b) to elect members of the Executive Council.
- (c) to elect members of other councils.
- (d) to receive and act upon reports of the Executive Council, other councils and committees.
- (e) to adopt an annual budget.
- (f) to hear and determine any matters under dispute within the Association.
- (g) to receive and consider submitted resolutions from Corporate members.
- (h) to establish policy of the Association, such policy being declared as such by a majority vote of the Board of Governors present at the meeting considering the same, and thereafter enacted as such by an affirmative vote of sixty (60) per cent of the voting members of the Board of Governors present at the meeting considering the same.

Council recommends deletion of that portion of paragraph (h) after "the same" so that the paragraph reads:

- (h) *To establish policy of the Association, such policy being declared as such by a majority vote of the Board of Governors present at the meeting considering the same.*

The Board agrees.

Section 7 Board Sessions

(a) Annual Session

The Board of Governors shall meet at least once annually at such time and place as may be determined by the Executive Council.

(b) Interim Session

An interim session of the Board of Governors shall be called by the President on a majority vote of the Executive Council or on written request of a majority of the members of the Board of Governors. The time and place of the interim session shall be determined by the President but must not be more than forty-five (45) days after receipt of such request. The agenda of an interim session shall contain the subject or subjects referred to in the application for an interim session but shall be enlarged to include such other matters as proposed by governors who are not party to the application for an interim session by majority vote of the members present and voting at an interim session.

Section 8 Quorum

A majority of the voting members of the Board of Governors shall constitute a quorum at all meetings of the Board of Governors.

Section 9 Notice of Meetings

(a) Annual Session

The Executive Director shall cause to be published in the Journal of the Canadian Dental Association an official notice of the time and place of each annual session and shall send to each member of the Board of Governors an official notice of the time and place of the annual session at least thirty (30) days before the opening of each session.

(b) Interim Session

The Executive Director shall send an official notice of time and place of each interim session and a statement of the business to be considered thereat to each member of the Board of Governors not less than fifteen (15) days before the opening of such session.

(c) Privilege of the Floor

The privilege of the floor at annual sessions of the Board of Governors shall be open to any member of the Association in good standing and otherwise at the discretion of the Chairman.

Section 10

Vacation of Office

The office of a member of the Board of Governors shall ipso facto be vacated

- (a) if he becomes bankrupt or suspends payment or compounds with his creditors or makes an authorized assignment or is declared insolvent;
- (b) if he is found to be mentally incompetent or becomes of unsound mind.

Council recommends deletion of paragraphs (a) and (b) and substitution of the following new (a) and (b):

- (a) if his name is removed from the register of dentists, licensed to practice in a province of Canada,*
- (b) upon receipt of notification from the Corporate member or the Canadian Students Conference he represents.*

The Board agrees.

- (c) if he is convicted of any criminal offence;
- (d) if by notice in writing to the Executive Director of the Association he resigns his office.

Section 11

Remuneration of Governors

The Board of Governors of the Association shall serve without remuneration and no governor shall directly or indirectly receive any profit from his position as such; provided, however, that a governor may be paid reasonable expenses incurred by him in the performance of his duties to the Association. Nothing herein contained shall be construed to preclude any governor from serving the Association as an officer or official or in any other capacity and receiving compensation therefor.

ARTICLE IX

OFFICERS AND OFFICIALS

Section 1

Elective Officers of the Association

The elective officer of the Association shall be the President and President-elect. Only Individual members of the Association who are in good standing and are voting members of the Board of Governors shall be eligible to serve as elective officers.

Council recommends deletion of "Individual" in line two and substitution of "Active".

The Board agrees.

Section 2

Duties of the President

It shall be the duty of the President

- (a) to preside at all meetings of the Executive Council in accordance with recognized parliamentary usage.
- (b) to serve as an official representative of the Association in its contacts with government, civic, business and professional organizations for the purpose of advancing the objects and policies of the Association.
- (c) to serve as an ex-officio member of all councils of the Association.
- (d) to make a report at the annual meeting of the Board of Governors.
- (e) to make interim appointments in case of vacancies occurring in the Executive Council or in other councils.
- (f) to appoint special committees when considered necessary.
- (g) to call special sessions of the Board of Governors and/or the Executive Council pursuant to these By-laws.
- (h) to sign all official documents requiring his signature.
- (i) to delegate his responsibilities for appropriate reason when he is unable to fulfill same.
- (j) to perform such other duties as may be provided in these By-laws.

Section 3

Duties of the President-elect

It shall be the duty of the President-elect

- (a) to assist the President as requested in the performance of his duties.
- (b) to serve as Acting President in the event that the office of President becomes vacant.
- (c) to act as Chairman of the Nominations Council.

Council recommends the addition on new paragraph (d) as follows and re-lettering present (d) to (e)

- (d) to be Chairman of the Finance Committee.

The Board agrees.

- (e) to succeed to the office of President at the next annual meeting of the Board of Governors following his election as President-elect.

Section 4

Appointive Officials of the Association

The appointive officials of the Association shall be the Executive Director, the Treasurer and the Editors. They shall be appointed by the Executive Council pursuant to Article XI, Section 8(b).

Council recommends deletion of "the Treasurer" and substituting "Director of Administration" so that the paragraph reads as follows:

The appointive officials of the Association shall be the Executive Director, Director of Administration and the Editors. They shall be appointed by the Executive Council pursuant to Article XI, Section 8(b).

The Board agrees.

Section 5

Duties of the Executive Director

The duties of the Executive Director shall be

- (a) to act as executive head of the central office of the Association.
- (b) to engage all employees of the Association except as otherwise provided in these By-laws.
- (c) to co-ordinate the activities of the Executive Council and all councils and bureaux of the Association.

Council recommends deletion of "and bureaux" from paragraph (c).

The Board agrees.

Council recommends the addition of new paragraphs (d), (e) and (f) and re-lettering the remainder.

- (d) *to offer advice on all policy matters to the Board of Governors, other Councils and Committees of the Association.*
- (e) *to direct that the policies of the Board of Governors be implemented.*
- (f) *to draw on the resources of the Association in preparing assistance to the Board of Governors, other Councils and Committees of the Association.*
- (g) *to keep the records, minutes and be custodian of books, papers, documents and seal of the Association.*
- (h) *to pay all accounts and keep accurate record of receipts and disbursements.*
- (i) *to furnish a surety bond in amount determined by the Executive Council, the premium of which shall be paid by the Association.*
- (j) *to perform such other duties as usually appertain to this office or as may be designated by the Executive Council or these By-laws.*
- (k) *to manage the bureaux of the Association according to the mandates of the Board of Governors and the directions of the Executive Council, pursuant to Article XVI, Section 3 of these By-laws.*

The Board agrees.

The Executive Council recommends deletion of paragraph (k).

Council recommends addition of new paragraph (k) as follows:

- (k) *to supervise the Director of Administration who shall be responsible to him for the management and administration of the headquarters.*

The Board agrees with the recommendation of the Executive Council.

Section 6

Duties of the Treasurer

The duties of the Treasurer shall be

- (a) *to serve as custodian of all moneys, securities and deeds belonging to the Association.*
- (b) *to be one of the signing officers for the Association.*
- (c) *to present an annual report to the Board of Governors summarizing the Auditors' Report for the preceding year and the budget that has been proposed for the next succeeding fiscal year.*
- (d) *to perform such other duties as may be designated by the Executive Council or these By-laws.*

The term of office for the Treasurer shall be three (3) years with a maximum of two successive terms.

Council recommends: Delete Section 6 and substitute the following:

Section 6 Finance Committee

There shall be a Finance Committee composed of the President, the Past President and the President-elect, who shall be the Chairman.

- (a) to serve as custodian of all moneys, securities and deeds belonging to the Association.*
- (b) to present an annual report to the Board of Governors including the Auditors' Report for the preceding year and the budget that has been proposed for the next succeeding fiscal year.*
- (c) to perform such other duties as may be designated by the Executive Council or these By-laws.*

The Board added the following:

- (d) to keep a minute book.*

Adopted

Section 7 Duties of the Editors

There shall be an Editor-in-chief and an Associate Editor. The respective duties shall be

- (a) the Editor-in-Chief shall exercise full editorial control over the publication of the Journal of the Canadian Dental Association.*
- (b) The Associate Editor shall be responsible for the French language content of the Journal of the Canadian Dental Association.*

The Executive Council recommends the following:

- (i) deletion of "an" before "Associate" in line 1;*
- (ii) add "s" to "Editor" in line 2;*
- (iii) add "s" to Editor in (b) line 1;*
- (iv) in (b), after "Canadian Dental Association" add "and for the scientific content of the Journal".*

The Board agrees with the Executive Council recommendation.

Section 8

Officers of the Board of Governors

Chairmen and Secretary

The officers of the Board of Governors shall be the Chairman of the Board and Secretary of the Board. The Chairman shall be elected annually by the Board of Governors and shall be an officer of the Board of Governors without the right to vote. Only an Individual or Honorary member in good standing in the Association shall be eligible to serve as Chairman. The Executive Director shall, subject to these By-laws, serve as Secretary of the Board. In the absence of the Secretary of the Board, the Chairman of the Board shall appoint a Secretary of the Board pro tem.

Council recommends: In line five, delete "Individual" and substitute "Active".

The Board agrees.

Section 9

Duties of the Chairman of the Board

- (a) to preside at meetings of the Board of Governors and perform such duties as custom and parliamentary usage require.
- (b) to appoint a secretary pro tem in the absence of the Secretary of the Board.
- (c) to appoint, with the consent of the Board of Governors, special committees to perform duties not otherwise assigned by By-laws, which special committees shall serve until adjournment of the session at which they were appointed.
- (d) to appoint scrutineers to assist in determining the result taken by vote of the Board of Governors.

Decisions of the Chairman of the Board shall be final unless an appeal from such decision shall be made by a member of the Board of Governors, in which case a final decision shall be by a majority vote of the Board of Governors.

The Chairman of the Board shall hold no other elective office in the Association while he is serving as Chairman of the Board.

Section 10

Duties of the Secretary of the Board

It shall be the duty of the Secretary of the Board

- (a) to serve as the recording officer of the Board of Governors and the custodian of its records.
- (b) to cause a record of the proceedings of the Board of Governors to be published as the official transactions of the Board of Governors.

Section 11

Remuneration and Tenure of Officers of the
Association and of the Board of Governors

The remuneration of all elective officers shall be determined from time to time by resolution of the Board of Governors and the fact that any such officer is a Governor of the Association shall not disqualify him from receiving such remuneration as may be so determined. The remuneration of all appointive officials of the Association shall be determined from time to time by resolution of the Executive Council and the fact that any such official is a Governor of the Association shall not disqualify him from receiving such remuneration as may be so determined. All elective officers, subject to the provisions of these By-laws, and in the absence of agreement to the contrary, shall be subject to removal by resolution of the Board of Governors at any time with or without cause. All appointive officials, subject to the provisions of these By-laws, and in the absence of agreement to the contrary, shall be subject to removal by resolution of the Executive Council at any time with or without cause. Officers of the Board of Governors shall receive no remuneration for acting as such. All officers of the Board of Governors shall be subject to removal by resolution of the Board of Governors at any time with or without cause.

Council recommends: In lines 14, 18 and 22 delete the words "with or without cause", so that the paragraph reads:

The remuneration of all elective officers shall be determined from time to time by resolution of the Board of Governors and the fact that any such officer is a governor of the Association shall not disqualify him from receiving such remuneration as may be so determined. The remuneration of all appointive officials of the Association shall be determined from time to time by resolution of the Executive Council and the fact that any such official is a governor of the Association shall not disqualify him from receiving such remuneration as may be so determined. All elective officers, subject to the provisions of these By-laws, and in the absence of agreement to the contrary, shall be subject to removal by resolution of the Board of Governors at any time. All appointive officials, subject to the provisions of these By-laws, and in the absence of agreement to the contrary, shall be subject to removal by resolution of the Executive Council at any time. Officers of the Board of Governors shall receive no remuneration for acting as such. All officers of the Board of Governors shall be subject to removal by resolution of the Board of Governors at any time.

The Board agrees.

ARTICLE X

ELECTION OF OFFICERS

Section 1

The election of officers, chairman of the Board of Governors and members of the Executive and other councils shall take place at the annual meeting of the Board of Governors and shall be by vote of the members of the Board of Governors.

Section 2

The President-elect shall succeed to the office of President without other election at the next annual meeting of the Board of Governors following his election as President-elect.

Section 3

The report presented by the Nominations Council shall be received in advance of the annual meeting by the Board of Governors and the complete list of names of proposed candidates shall be placed in nomination at the annual meeting.

Section 4

The President-elect, other members of the Executive Council, chairman of the Board of Governors and members of other councils shall be elected by separate ballot.

Section 5

Nominations for a member of the Nominations Council for a term of three (3) years shall be made from the floor by a member or members of the Board of Governors.

Section 6

All elections shall be by ballot and a majority of the votes shall be necessary to elect. In case no candidate receives a majority of the votes cast on the first ballot, the one receiving the least number of votes shall be dropped and a new ballot shall be taken. This procedure shall be continued until a candidate receives a majority of all votes cast, when he shall be declared elected.

Section 7

Except as otherwise provided in these By-laws, the elected officers, the members of the Executive and other councils shall assume and continue to hold office from the termination of one annual meeting and convention to the termination of the next following annual meeting and convention.

ARTICLE XI

EXECUTIVE COUNCIL

Section 1

There shall be an Executive Council of the Association.

Section 2

Composition

The Executive Council shall consist of the President, immediate Past President, President-elect and four additional members. The President-elect and four additional members shall be elected by the Board of Governors from its membership. The appointed officials of the Association shall be ex-officio members without the right to vote.

Council recommends the addition of the following sentences:

The place of residence at the date of the annual meeting shall determine the province from which a candidate has been drawn. Not more than one candidate so elected, exclusive of the President and immediate Past-President, shall be representative of any one Corporate member.

The Board agrees but recommends the following:

- (i) Deletion of the sentence beginning "The appointed ..."*
and ending "to vote."
- (ii) Deletion of "one" in line four and substitution*
of "two".

Adopted

Section 3 Qualifications

A member of the Executive Council must be a member of the Board of Governors. Should the status of any member of the Executive Council change in regard to the preceding qualifications during his term of office, that office shall be declared vacant by the President and such vacancy shall be filled as provided in Section 6 of this Article.

Section 4 Term of Office

The term of office of member of the Executive Council shall be two years. The consecutive tenure of a member of the Executive Council shall be limited to three (3) terms of two (2) years each.

Section 5 Election

Members of the Executive Council shall be elected during the annual meeting of the Board of Governors pursuant to Article X.

Section 6 Vacancy

In the event of a vacancy in the membership of the Executive Council, the President shall appoint a member of the Board of Governors to fill the unexpired term created by such vacancy.

The Board recommends deletion of the above paragraph and substitution of the following:

Section 6 Vacancy

In the event of a vacancy in the membership of the Executive Council, the President shall appoint a member of the Board of Governors to fill that portion of the unexpired term which precedes the next annual meeting of the Association, at which time an election would be held.

Section 7

Powers

- (a) The Executive Council shall conduct all business of the Association when the Board of Governors is not in session, subject to the Letters Patent, By-laws of the Association and the mandates of the Board of Governors.
- (b) The Executive Council shall have power to establish administration rules and regulations not inconsistent with these By-laws.
- (c) The Executive Council shall have power to direct the President to call a special session of the Board of Governors pursuant to Article VIII, Section 7.
- (d) The Executive Council shall have full discretionary powers to cause to be published in or omitted from any official publication of the Association, any article in whole or in part, except the editorials written or approved by the Editors.
- (e) The Executive Council shall have power to establish ad interim policies when the Board of Governors is not in session and where such policies in the discretion of the Executive Council are essential to the management of the Association, provided however that such policies must be reported to the members of the Board of Governors within fourteen (14) days of establishment thereof and presented by the Executive Council for review at the next following session of the Board of Governors.
- (f) The Executive Council shall have the right to elect Honorary members.

Council recommends the addition of new paragraphs (g) and (h) as follows:

- (g) *The time and manner of distribution of surplus funds to the members participating in insurance plans shall be determined by the Executive Council.*
- (h) *The Executive Council will authorize and approve all contracts, agreements or the disposition of funds relating to insurance and investment programmes.*

The Board agrees.

The Executive Council recommends further the addition of paragraph (i) as follows:

- (i) *The Executive Council will act as trustees for all insurance retention funds or surplus or reserve funds.*

The Board agrees.

Section 8

Duties

It shall be the duty of the Executive Council

- (a) to supervise the maintenance of headquarters property owned or operated by the Association.
- (b) to appoint the appointive officials of the Association pursuant to Article IX, Section 4.
- (c) to determine the date and place for convening each annual meeting of the Association.
- (d) to control all clinics and exhibits in line with policies established by the Board of Governors.
- (e) to cause to be bonded by a surety company all appointed officers and employees of the Association entrusted with Association funds.
- (f) to ensure all accounts of the Association are audited by a certified public accountant at least once a year.
- (g) to prepare a budget for carrying on the activities of the Association for each ensuing fiscal year.
- (h) to review reports prepared for presentation and make recommendations concerning each report to the Board of Governors.
- (i) to submit an annual report of Executive Council activities to the Board of Governors and following each Executive Council meeting to submit a summary statement of the business of the meeting to the members of the Board of Governors.
- (j) to annually appoint chairmen of councils excluding Executive and Nominations Councils from among membership of the respective councils as elected by the Board of Governors.
- (k) to perform such other duties as are prescribed in these By-laws.
- (l) to admit Associate and Student members pursuant to Article V, Sections 4 and 5.

The Executive Council recommends deletion of the content of paragraph (l) and substitution as follows:

- (l) to admit Associate, Affiliate and Supporting members pursuant to Article V, Section 3, 5 and 6, and to elect Honorary members pursuant to Article V, Section 4.

The Board agrees.

- (m) to give direction to the bureaux of the Association as described in Article XVI, Section 3.

The Executive Council recommends deletion of "bureaux" in paragraph (m) and substitution of "statistics and public information services".

The Board agrees.

Section 9

Sessions

(a) Regular Session

The Executive Council shall hold at least three regular sessions in each year.

Council recommends deletion of "three" and substitution of "six".

The Board agrees.

(b) Special Session

Special sessions of the Executive Council may be called at any time by the President. The President shall call a special session on request of a majority of Executive Council members. At least ten days' notice must be given to each member of the Executive Council in advance of such special session. The business of a special session shall be limited to that stated in the notice calling such session except by the unanimous consent of the members present and voting at such session.

Section 10

Quorum

Five of the voting members of the Executive Council shall constitute a quorum.

ARTICLE XII

MEETINGS OF VOTING MEMBERS

Section 1

Annual Meeting

Subject to the provisions of the Canada Corporations Act, the annual meeting of the voting members shall be held at the head office of the Association or elsewhere within Canada on such day in each year as the Executive Council may by resolution determine.

Section 2

Special Meetings

Other meetings of the voting members, whether special or general, may be convened by the President or the President-elect or by the Board of Governors at any time or any place.

Section 3

Notice

A printed, written or typewritten notice, stating the day, hour and place of meeting and the general nature of the business to be transacted shall be served, either personally or by sending such notice to each voting member entitled to notice of such meeting, and to the auditor of the Association through the post in a prepaid wrapper or a letter at least ten (10) days (exclusive of the day of mailing but inclusive of the day for such notice is given) before the date of every meeting directed to such address of each voting member entitled to notice as appears on the books of the Association; provided always that a meeting of voting members may be held for any purpose at any time and at any place without notice if all the voting members entitled to notice of such meeting are represented or if all the non-represented voting members entitled to notice shall have signified their assent in writing or by cable or telegram, addressed to the Executive Director, to such meeting being held. Notice of any meeting or any irregularity in any meeting or any notice thereof may be waived by any voting member or by the auditor of the Association.

Section 4

Omission of Notice

The accidental omission to give notice of any meeting or the non-receipt of any notice by any voting member or members shall not invalidate any resolution passed or any proceedings taken at any meeting of voting members.

Section 5

Votes

Unless a greater majority is required by the provisions of the Canada Corporations Act, every question submitted to any meeting of voting members shall be decided by a majority of votes.

Section 6

Chairman of Meetings

The Chairman of the Board of Governors, or in his absence the President, or in his absence the President-elect, shall be the Chairman of a meeting of voting members.

Section 7

Quorum

For purposes of establishing the annual grants from the corporate members (Article XVIII), seven (7) Corporate members representing a majority of the individual members of this

Association represented at the meeting shall be necessary to constitute a quorum. For all other purposes, three (3) Corporate members represented at the meeting shall be necessary to constitute a quorum.

Council recommends: Delete present Section 7 and substitute new Section 7, and add Section 8, as follows:

Section 7 Quorum

For purposes of establishing the annual grants from the corporate members (Article XVIII), a majority of the members of the Board of Governors shall be necessary to constitute a quorum. For all other purposes, one-half of the members of the Board of Governors shall be necessary to constitute a quorum.

Section 8 Voting Members

The voting members of the Association shall be the Corporate members represented by their appointees to the Board of Governors.

The Executive Council resolved that Sections 7 and 8 be referred to the Council on Constitution and By-laws for clarification.

The Board agrees.

ARTICLE XIII

AUDITORS

The Corporate members shall at each annual meeting of voting members appoint an auditor to audit the accounts of the Association and to hold office until the next annual meeting, provided that the Board of Governors may fill any casual vacancies in the office of auditor. The remuneration of the auditor shall be fixed by the Executive Council.

ARTICLE XIV

COUNCILS AND COMMITTEES

Section 1

Councils and Committees

(a) Councils

The Councils of the Association shall be

Constitution and By-laws
Education
Ethics
Health Care
Hospital Services
Information Services
Insurance and Investment
Legislation
Nominations
Research

The Executive Council resolved that the Council on Research be removed and replaced by the Council on Dental Materials and Devices.

(b) Committees

Special and reference Committees as may be established by the Board of Governors and/or the Executive Council.

The Board recommends deletion of "and reference".

Section 2 Nomination and Election

- (a) Nominees for membership on councils shall be placed in nomination at the annual meeting of the Board of Governors pursuant to Article XIV, Section 4(k), of these By-laws.
- (b) All council members shall be elected by the Board of Governors at the annual meeting pursuant to Article X, Section 6, of these By-laws.
- (c) The Council on Nominations shall be nominated and elected by the Board of Governors at the annual meeting pursuant to Article XIV, Section 4(k) and Article X, Section 5 of these By-laws.

Section 3 General Rules

- (a) The term of office of council members other than members of the Executive Council shall be three years.
- (b) Except as otherwise provided in these By-laws, the tenure of office shall be limited to two terms of three years each except that an appointment to fill the unexpired portion of a vacancy shall not be considered as a term of office under these rules.
- (c) The chairman of each council shall present a report of the council's activities to the annual meeting of the Board of Governors and at such other times as requested by the Board of Governors or the Executive Council.
- (d) The chairman of each council on request of the Executive Council shall be responsible for presentation of a budget for the succeeding fiscal year.

Council recommends: In (d) delete and substitute the following:

- (d) *The chairman of each Council shall be responsible for presentation of a proposed budget for the succeeding fiscal year, to the Executive Council.*

The Board agrees.

- (e) Any activities contemplated which are not covered by the stated duties must be sanctioned by the Board of Governors or the Executive Council before action is taken thereon.
- (f) When a new chairman of a council is designated, the former chairman shall turn over to the Executive Director any funds on hand, together with pertinent subject matter.

Council recommends: In (f), delete "any funds on hand, together with" and substitute "all".

The Board agrees.

- (g) A majority of the members of a council shall constitute a quorum thereof.
- (h) The Board of Governors may alter the rules or terms of reference at any time pursuant to Article XXIII of these By-laws.

Section 4

Terms of Reference for Councils

(a) Council on Constitution and By-laws

The Constitution and By-laws Council shall consist of four (4) members.

It shall be the duty of the Constitution and By-laws Council:

- (i) to review the By-laws, Letters Patent and any Supplementary Letters Patent from time to time in order to keep them consistent with the Association's program.
- (ii) To recommend amendments to the By-laws when considered necessary.
- (iii) to draft or review with comment the text of all proposed amendments to the By-laws, Letters Patent and any Supplementary Letters Patent prior to their submission to the Board of Governors pursuant to Article XXIII, Section 1.

(b) Council on Education

The Council on Education shall consist of nine members. Nominees for council membership will be drawn by the Nominations Council from a resource pool to include the recommendations of the Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada and the Royal College of Dentists of Canada, a provincial registrar and the membership-at-large. In electing the membership of the Council on Education, the Board of Governors will assure that at least four members are active members of faculty of Canadian dental schools, that at least three

(3) members have no direct affiliation with a dental school, that the Association of Canadian Faculties of Dentistry and the National Dental Examining Board of Canada are assured at least two (2) members each from among their submitted recommendations and that the Royal College of Dentists of Canada is assured at least one (1) member from among its submitted recommendations, and that one (1) of the members is a provincial registrar.

The Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, the Canadian Dental Hygienists' Association, and the Canadian Dental Students' Conference have the privilege, without Canadian Dental Association financial responsibility, of non-voting participation in the Council on Education of one (1) representative each.

Council recommends the addition of "and the Canadian Dental Nurses and Assistants' Association" after "Students' Conference" so that the paragraph reads:

The Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, the Canadian Dental Hygienists' Association, the Canadian Dental Students' Conference, and the Canadian Dental Nurses and Assistants' Association have the privilege, without Canadian Dental Association financial responsibility, of non-voting participation in the Council on Education of one representative each.

The Board resolved that the "Canadian Forces Dental Service" be added after "Canadian Dental Nurses and Assistants' Association".

Adopted

The Council on Education shall have power to adopt such regulations for the government of its actions and to appoint committees and subcommittees as it shall deem expedient.

The Executive Council recommends deletion of "to adopt such regulations for the government of its actions and".

The Council on Education shall have the authority to appoint consultants or advisers and recommend for employment such other personnel as is needed from within or without the membership of the Association for any purpose within its jurisdiction, providing that if such appointments involve expenditures of funds other than those already allotted to the council they must be approved by the Board of Governors.

The following amended resolution is presented:

The Council on Education may recommend to the Executive Council the appointment of consultants or advisers and recommend for employment such other personnel as is needed from within or without the membership of the Association for any purpose within its jurisdiction, providing that if such appointments involve expenditures of funds other than those already allotted to the council they must be approved by the Board of Governors.

It shall be the duty of the Council on Education:

- (i) to give study to all matters relating to dental education.
- (ii) to develop policies and make recommendations of the same to the Board of Governors in respect of matters relating to dental education.

The Executive Council recommends deletion of "policies" in (ii) and substitution of "guidelines".

The Board agrees.

- (iii) to evaluate the various forms of dental education and to recommend revisions when necessary.

The Executive Council recommends the addition of "to the Board of Governors" after "recommend revisions".

The Board agrees.

- (iv) to accredit undergraduate, postgraduate and graduate programs in dentistry, programs in dental hygiene, and dental assisting courses, and periodically review such accreditation in accordance with requirements and standards approved by the Board of Governors.
- (v) to approve dental internships and residencies in accordance with requirements and standards approved by the Board of Governors.

The following amended resolution is presented:

- (v) to approve dental internships and residencies in accordance with requirements and standards approved by the Board of Governors, when such dental internships and residencies are components of accreditable postgraduate and graduate programs.
- (vi) to establish and maintain a recruitment program for students in dentistry and dental hygiene.

The Executive Council recommends deletion of paragraph (vi), and the remaining paragraphs renumbered.

The Board agrees.

- (vi) to develop policies and make recommendations of the same to the Board of Governors in respect of matters relating to specialization in dentistry.

The Executive Council recommends deletion of "policies" in (vi) and substitution of "guidelines".

The following amended resolution is presented:

- (vi) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to specialization in dentistry to programs leading to specialist qualifications.

Adopted

- (vii) to assist corporate members and/or provincial licensing bodies, when requested.

The Executive Council recommends deletion of the content of (vii) and substitution of the following:

- (vii) to recommend to the Board of Governors methods of assisting corporate members and/or provincial licensing bodies with respect to dental education, when requested.

The Board agrees.

- (viii) to develop and encourage a student member program for the Association.

The Executive recommends deletion of (viii)

The Board agrees.

Adopted

(c) Council on Ethics

The Ethics Council shall consist of five members.

It shall be the duty of the Ethics Council:

- (i) to study all matters relating to the ethical standing of the profession.
- (ii) to recommend statement of ethical standards that are in the best interests of all concerned.

- (iii) to work with the corporate members for the establishment of ethical standards which are acceptable to the profession.
- (iv) to promote ethical principles in the profession.

(d) Council on Health Care

The Council on Health Care shall consist of one voting member from each corporate body and one non-voting representative each from the Canadian Dental Hygienists' Association and the Canadian Dental Nurses' and Assistants' Association, and a chairman. The Canadian Dental Association shall have no financial responsibility for the non-voting representatives.

Following selection by the Executive Council of the Chairman of the Council on Health Care, the CDA President in consultation with the corporate body from which the Chairman is selected is authorized to appoint another representative from that province to fill the vacancy on the Council.

It shall be the duty of the Council on Health Care:

- (i) to study and evaluate methods of preventing dental disease and abnormalities and encourage the profession and the public to apply proven preventive measures.

The Executive Council recommends deletion of "and encourage the profession and the public to apply proven preventive measures".

The Board agrees.

- (ii) to study dental health care delivery systems including public health programs and recommend related guidelines for improving the dental health of the people of Canada.

The Executive Council recommends the addition of "to the Board of Governors" after "related guidelines".

The Board agrees.

- (iii) to study and report on the economics of the various methods of delivering dental health care.
- (iv) to study the need for and development of auxiliary dental personnel and recommend appropriate guidelines for their duties and utilization in Canada. Committees established within the Council shall have continuing responsibility for study in connection with the various auxiliary groups.

The Executive Council recommends the addition of "to the Board of Governors" after "appropriate guidelines".

The Board agrees.

- (v) to develop and identify resource documents relating to the above duties that can be made available to the corporate members on request.
- (vi) to cause a Canadian dental health index to be established and maintained.

The Executive Council recommends deletion of (vi).

The Board agrees.

(e) Council on Hospital Services

The Hospital Services Council shall consist of five members.

The Executive Council recommends the addition of "representative of the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia" after "members".

It shall be the duty of the Hospital Services Council:

- (i) to initiate and assist in maintaining a high standard of dental services in Canadian Hospitals.

The Executive Council recommends deletion of "initiate and".

The Board agrees.

- (ii) to encourage hospitals to obtain approval by the Association of their dental services which meet the basic standards or requirements established by the Board of Governors.
- (iii) to examine dental services in hospitals and to issue, in the name of the Association, certificates of approval to those institutions having dental services which meet the basic standards or requirements established by the Board of Governors.

The Executive Council recommends deletion of (ii) and (iii) and substitution of the following new (ii) and (iii):

- (ii) to develop a system of hospital accreditation and define roles and responsibilities which meet the requirements of the Corporate Members.
- (iii) to examine and report on the Provincial Acts governing provision of dental services in hospitals.

The following amended resolution is presented:

- (ii) *to approve hospital dental services and to define roles and responsibilities which meet the requirements of the Corporate members.*
- (iii) *to examine and report on the Provincial Acts governing provision of dental services in hospitals.*

Adopted

(f) Council on Information Services

The Council on Information Services shall consist of five members.

The Executive Council recommends the addition of "representative of the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia" after "members".

The Board agrees.

It shall be the duty of the Council on Information Services:

- (i) *to develop guidelines for methods and programs to disseminate educational material to the public.*
- (ii) *to develop guidelines for methods and programs to communicate effectively with members of the Association.*
- (iii) *to develop guidelines for the management of the JOURNAL and its advertising content.*

(g) Council on Insurance and Investment (Suspended for one year)

The Insurance and Investment Council shall consist of seven members: one from British Columbia, one from the Prairie Provinces, three from Ontario, one from Quebec and one from the Atlantic Provinces. Members shall be eligible for three terms of three years each.

Council recommends: Delete the paragraph and substitute:

The Insurance and Investment Council shall consist of five members and shall be elected by the Board of Governors from nominations submitted by the corporate members. Members shall be eligible for three terms of two years each.

The Executive Council agrees but recommends further the addition of "representative of the Maritime Provinces, Quebec, Ontario, the Prairie Provinces and British

Columbia" after "five (5) members".

It shall be the duty of the Insurance and Investment Council:

- (i) to choose the kinds of insurance and terms of coverage which are desirable for the membership to carry and which can be advantageously purveyed to the membership on a group basis.

The Executive Council recommends deletion of "choose" in (i) and substitution of "recommend to the Executive Council".

- (ii) to survey the insurance market to determine the costs, terms and conditions of available coverage.

- (iii) to negotiate the costs, terms and conditions of contracts with the chosen carriers.

The Executive Council recommends the addition of "and recommend for approval to the Executive Council" after "negotiate" in (iii).

- (iv) to finalize contracts with carriers only after the concurrence and authorization of the Board of Governors and in situations considered to be urgent where delay would prove detrimental to members participating in CDA insurance plans, to assume responsibility for finalization of such contracts subject to the approval of the Board of Governors at their next meeting.

Council recommends: Delete (iv) and substitute:

- (iv) to finalize contracts with carriers only after the concurrence and authorization of the Executive Council.

The Executive Council agrees to the deletion of (iv). The Executive Council recommends against a substitution clause.

- (v) to periodically review the insurance contracts in order to determine the suitability of contracts, the possibility of improved terms and of more economic terms and to assess the proposals of competing carriers.
- (vi) to determine the time and manner of distribution of surplus of reserves over claims to the members participating in the particular contract and to act as the Board of Trustees for all funds accrued by retention agreement.

Council recommends: Delete present (vi) and substitute:

- (vi) to recommend to the Executive Council the time and manner of distribution of surplus of reserve funds, to the members participating in insurance plans, and to act as the Board of Trustees for all funds accrued by retention agreements; subject to prior authorization by the Executive Council for all contracts, agreements or disposition of funds.

The Executive Council agrees with the deletion of present (vi) The Executive Council recommends that the substitution clause read as follows:

- (vi) to recommend to the Executive Council the time and manner of distribution of surplus of reserve funds.
- (vii) to advise on and review Association sponsored pension and retirement savings plans, to negotiate the costs, terms and conditions and investment policies of all contracts respecting such plans, and to finalize contracts only after the concurrence and authorization of the Board of Governors and in situations considered to be urgent, where delay would prove detrimental to members participating in Association pension and retirement savings plans, to assure responsibility in agreement with the Executive Council for finalization of such contracts, subject to the approval of the Board of Governors at their next meeting.

The Executive Council recommends deletion of that portion of (vii) after "to advise on and review Association sponsored pension and retirement savings plans".

- (viii) to recommend a premium collection agency and negotiate the terms of contract for premium collection.

The Executive Council recommends deletion of "negotiate" and substitution of "recommend to the Executive Council".

- (ix) to receive an annual report from the premium collection agency and to review the premium collection function of the agency to determine its efficiency and economy.
- (x) to report annually all actions to the Board of Governors for approval.

(h) Council on Legislation

The Legislation Council shall consist of three members.

The Legislation Council shall have the power to add the provincial registrars as advisory members.

It shall be the duty of the Legislation Council:

- (i) to protect and further the interest of the public and the dental profession in all matters of federal legislation and/or regulations.

Council recommends: Delete present (i) and substitute:

- (i) *to protect and further the interest of the public and the dental profession in all matters of federal legislation and/or regulations, in a manner approved by the Executive Council.*

The Board agrees.

- (ii) to oppose or endeavour to modify any proposed or existing legislation or practices which are in conflict with existing policies of the Association.

Council recommends: Delete the present (ii) and substitute:

- (ii) *to oppose or endeavour to modify any proposed or existing federal legislation or practices, or, on invitation of provincial associations, provincial legislation or practices, which are in conflict with existing policies of the Association, upon approval of the Executive Council.*

The Board agrees.

- (iii) to study existing or proposed legislation relating to dentistry, directly or indirectly, and make the results of such studies available for the use of other councils.
- (iv) to include in an annual report a summary of newly adopted and also proposed federal and provincial legislation for the current year which may particularly affect the dental profession

(i) Council on Nominations

The Nominations Council shall consist of three members elected by the Board at its annual meeting pursuant to Article X, Section 5, of these By-laws, together with the President-elect who shall be chairman. The membership should be geographically representative of the Association and should include one or more past presidents.

It shall be the duty of the Nominations Council;

- (i) to prepare a list of all elective offices to be filled, excluding those for the Nominations Council, and submit this list ninety (90) days before the next annual session to members of the Board of Governors, council chairmen, presidents and secretaries of Corporate members, and presidents and secretaries of Sections.
- (ii) to invite, and receive in writing, nominations for each of the above elective offices. Nominations may be made only by members of the Board of Governors, council chairmen, presidents or secretaries of Corporate members, presidents or secretaries of Sections. Except in the case of nominations to the Nominations Council itself nominations from the floor during the annual meetings will not be valid unless there are withdrawals from the list of nominations as presented by the Council on Nominations. The Board may then make further nominations from the floor.
- (iii) to rule on the eligibility of the nominees.

The following amended resolution is presented:

- (iii) *to rule on the eligibility of the nominees in accordance with Articles IX and XX.*

Adopted.

- (iv) to make further nominations as the council sees fit and to ensure that there is at least one eligible nominee for each vacancy. The Nominations Council shall not make nominations to its own membership as provided in Article X, Section 5 of these By-laws.
 - (v) to submit an annual report, listing alphabetically all eligible nominees for each open elective office. The annual report is to be included with other council reports for advance distribution prior to the annual meeting.
- (j) Council on Research

The Research Council shall consist of two members. They shall represent geographically the Corporate members of the Association insofar as this is feasible.

It shall be the duty of the Research Council:

- (i) to procure funds for the support of research in dentistry.
- (ii) to disseminate scientific knowledge.
- (iii) to support, establish and encourage research.
- (iv) to develop research personnel.

Council recommends that paragraph (j) and reference to the Council on Research in Section 1 be deleted.

The Board agrees.

Section 5 Special Committee

Special committees of the Association may be created at any session of the Board of Governors or, when the Board of Governors is not in session, by the Executive Council, for the purpose of performing duties not otherwise assigned by these By-laws.

Section 6 Reference Committees

The Reference Committees to serve at the annual meeting shall consist of five individual members of the Association, at least one of whom shall be a member of the Board of Governors and who shall act as chairman of the committee. Members of Reference Committees shall be appointed by the President or the Executive Council at least sixty (60) days in advance of each annual session.

It shall be the duty of each Reference Committee to consider reports referred to it, to conduct hearings open to all members of the Association and to report its recommendations to the Board of Governors.

The Executive Council recommends deletion of Section 6.

The Board agrees.

ARTICLE XV

SECTIONS

Sections of the Association shall be the national organizations of the specialties recognized by the Association and which have applied for and have been admitted to Section status by the Board of Governors.

Council recommends deletion of the paragraph and substitution of the following:

Sections or Groups of the Association shall be the national organizations of the specialties and groups recognized by the Association and which have applied for and have been admitted to Section or Group status by the Board of Governors.

The Board agrees.

Section 1

Sections

The Sections of this Association are

Section on Endodontics
Section on Oral Surgery
Section on Orthodontics
Section on Paedodontics
Section on Periodontics
Section on Public Health Dentistry

Council recommends deletion of the above substitution of the following:

Sections

The Sections of this Association are:

*Section on Endodontics
Section on Oral Pathology
Section on Oral Radiology
Section on Oral Surgery
Section on Orthodontics
Section on Paedodontics
Section on Periodontics
Section on Prosthodontics
Section on Public Health Dentistry*

Section 2

Terms of Reference

- (a) All By-laws and Regulations of a Section applicant must accompany the application for Section status for approval by the Board of Governors. Such By-laws and Regulations will be available at the Board meeting at which the matter is discussed but will not be distributed in the agenda books or printed in the Transactions.
- (b) All amendments to the By-laws or Regulations of the Sections shall be forwarded forthwith to the Constitution and By-laws Council for review. Any conflict with the Constitution and By-laws or Regulations of the Association shall be resolved by mutual consent in consultation with the respective Sections. Failure on the part of such Section to amend its By-laws or regulations to conform with those of the Association may result in loss of Section status.
- (c) The constitution and By-laws submitted with applications for section status and all proposed amendments to sections' constitution and By-laws are to be submitted to the CDA Council on Constitution and By-laws no later than four (4) months preceding the annual meeting of the Board of Governors at which action is to be taken.

- (d) Membership in a Section shall be determined by the members of that Section.
- (e) A Section shall elect from its members a chairman, vice-chairman, secretary and other officers as may be required by the By-laws or Regulations of such Section.
- (f) A Section shall be financially self-supporting.
- (g) The chairman of each Section, or his official representative, shall report annually to the Board of Governors.

Council recommends the addition of "or Group" after each reference to "Sections" in Section 2 so that it reads as follows:

Section 2

Terms of Reference

- (a) *All By-laws and Regulations of a Section or Group applicant must accompany the application for Section status for approval by the Board of Governors. Such By-laws and regulations will be available at the Board meeting at which the matter is discussed but will not be distributed in the agenda books or printed in the Transactions.*
- (b) *All amendments to the By-laws or Regulations of the Section or Group shall be forwarded forthwith to the Constitution and By-laws Council for review. Any conflict with the Constitution and By-laws or Regulations of the Association shall be resolved by mutual consent in consultation with the respective Section or Group. Failure on the part of such Section or Group to amend its By-laws or Regulations to conform with those of the Association may result in loss of Section or Group status.*
- (c) *The constitution and By-laws submitted with applications for section or group status and all proposed amendments to section or group constitution and By-laws are to be submitted to the CDA Council on Constitution and By-laws no later than four (4) months preceding the annual meeting of the Board of Governors at which action is to be taken.*
- (d) *Membership in a Section or Group shall be determined by the members of that Section or Group.*

All active Members of Sections of Groups must be Members in good standing of the Canadian Dental Association

- (e) *A Section or Group shall elect from its members a chairman, vice-chairman, secretary and other officers as may be required by the By-laws or Regulations of such Section or Group.*

- (f) *A Section or Group shall be financially self-supporting.*
- (g) *The chairman of each Section or Group, or his official representative, shall report annually to the Board of Governors.*

The Board agrees.

Section 3 Functions

It shall be the functions of Sections:

Council recommends the addition of "or Groups" after "Sections" above and in (b) below.

- (a) to supplement and cooperate with the activities of the Association.
- (b) to act in an advisory capacity to the Association on matters relating to the Sections.

The Board agrees.

- (c) to encourage better service for the public in practice, teaching and research in the specialized branch of dentistry.
- (d) to assist the Association in the development of programs for the annual conventions.
- (e) to assist in the dissemination of scientific knowledge through contributions of its members to scientific programs and journals.

The Board agrees.

ARTICLE XVI

BUREAUX

The Executive Council recommends deletion of "BUREAUX" and substitution of "STATISTICS AND PUBLIC RELATIONS SERVICES".

The Board agrees.

Section 1 Bureaux

The Bureaux of the Association shall be:

Bureau of Dental Statistics
Bureau of Public Information

The Executive Council recommends deletion of the content of Section 1 and substitution of the following.

Section 1 Functions

It shall be the duty of the Association to compile statistics and information as directed by the Executive Council.

The Board agrees.

Section 2 Director

Each bureau shall have a director appointed by the Executive Council.

The Executive Council recommends deletion of the content of Section 2 and substitution of the following:

Section 2 Staff

Appropriate staff shall be appointed by the Executive Council.

The Board agrees.

Section 3 Duties

It shall be the duty of the Bureau of Dental Statistics to collect, compile, develop, analyze and disseminate data and statistics that concern the dental profession.

The Executive Council recommends deletion of "Bureau of Dental Statistics" and substitution of "Association".

The Board agrees.

It shall be the duty of the Bureau of Public Information to:

The Executive Council recommends deletion of "Bureau of Public Information" and substitution of "Association".

The Board agrees.

- (a) develop and maintain a public relations program for the Association, including the dissemination of information and publicity covering activities of the Association.
- (b) develop and maintain a program of dental health education for the Association and to assist corporate members and other agencies in the development of effective programs of dental health education.
- (c) develop and maintain a film library and a program of audio-visual services for the Association;

The Executive Council recommends that in (a), (b) and (c) above "maintain" be deleted and "recommend" be substituted.

The Board agrees.

- (d) foster the use and production of audiovisual materials of interest to the dental profession.

The Executive Council recommends the addition of "recommend and" before "foster".

The Board agrees.

The duties of each bureau shall be assigned by the Executive Council through the Executive Director.

The Executive Council recommends deletion of "each bureau" and substitution of "personnel".

The Board agrees.

Section 4 Director of Communications

A Director of Communications may be appointed by the Executive Council. It shall be the duty of the Director of Communications, subject to the directives of the Board of Governors and the Executive Council, to co-ordinate and be responsible for public and professional communications.

The Executive Council recommends deletion of Section 4.

The Board agrees.

ARTICLE XVII

LIST OF INDIVIDUAL MEMBERS

A list setting forth in alphabetical order the names and addresses of all licensed dentists recommended by each Corporate member for admission to and/or continuance of Individual membership shall be submitted annually, on or before December 31st in each year. Forthwith upon the admission of any Individual member to membership in the Association, a membership card shall be forwarded to each member. Every person included in the list of recommended licensed dentists submitted by a Corporate member shall be deemed to be an applicant for membership in the Association unless, within thirty days of receipt by such applicant of his membership card in the Association, he shall notify the Executive Director that he does not desire to be or to continue to be a member.

Council recommends: Delete "Individual" and substitute "Active".

The Board agrees.

Delete "December 31" and substitute "January 31".

The Board disagrees and recommends the following motion so that the paragraph reads as follows:

A list setting forth in alphabetical order the names and addresses of all licensed dentists recommended by each Corporate member for admission to and/or continuance of Active membership shall be submitted annually, on or before March 1st in each year. Forthwith upon the admission of any Individual member to membership in the Association, a membership card shall be forwarded to each member. Every person included in the list of recommended licensed dentists submitted by a Corporate member shall be deemed to be an applicant for membership in the Association unless, within thirty days of receipt by such applicant of his membership card in the Association, he shall notify the Executive Director that he does not desire to be or to continue to be a member.

Adopted.

ARTICLE XVIII

REVENUE

Section 1

The revenue of the Association shall be derived chiefly from annual grants from the Corporate members; the amount of said grants shall be determined by agreement among the Corporate members.

Council recommends: Delete and substitute:

Section 1

The revenue of the Association shall be derived chiefly from membership fees. Fees that shall be forwarded by the Corporate members shall consist of a Corporate membership fee based on the number of members in the Corporation, and individual fees from CDA Active members. Fees for other categories of membership shall be collected by the Board of Governors.

The Board agrees and recommends the addition of "payable on March 1st of the calendar year" after "CDA Active members."

Adopted.

Section 2

There shall be due and payable by each Associate and Student member an annual fee, the amount of which shall be determined from year to year by the Executive Council.

Council recommends: Delete and substitute:

Section 2

There shall be due and payable by each Affiliate, Associate, Student and Supporting member an annual fee, the amount of which shall be determined from year to year by the Executive Council.

The Board agrees.

ARTICLE XIX

ETHICS

Section 1

It shall be unethical for a dentist in the pursuit of his profession to do anything with regard to it which would be reasonably regarded as disgraceful or dishonourable by his professional colleagues.

Section 2

Membership shall imply acceptance of the Code of Ethics of the Association.

Council recommends inclusion of a new Article XX, as follows, and re-numbering of the remaining Articles.

ARTICLE XX

CONFLICT OF INTEREST

Section 1

- (a) Every member of the Board of Governors of the Association who has directly or indirectly any interest in any contract or transaction to which the Association is or is to be a party, shall declare his material interest in such a contract or transaction at a meeting of the Board of Governors at which the contract or transaction is first considered. He then will absent himself from discussion and voting on such contract or transaction.
- (b) If a Governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.
- (c) The above provisions apply automatically to the members of the various Committees, Councils and Bureaux of the Association. Each Board and/or Council, etc., member, in order to make sufficient disclosure, is required to do so not only to his Council, etc., members but also to the Board of Governors in writing.
- (d) All nominees for election or appointment to Councils, Committees or Bureaux of the Association shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- (e) No otherwise qualified member of the Board of Governors shall be nominated or eligible for election to the Executive Council or shall continue to be a member of the Executive Council if he becomes interested or involved directly or indirectly in any business or undertaking which provides dental supplies or services of any kind to the dental profession.
- (f) That, of itself, being a Trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental

Service Plans Incorporated shall not constitute a potential conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.

- (g) That no otherwise qualified member of councils or bureaux of the Association shall continue to be a member if he becomes interested in or involved, directly or indirectly in any business or undertaking which provides dental supplies or services of any kind to the dental profession.*
- (h) The Board shall be the final authority on any disputed conflict of interest.*

The Executive Council agrees but recommends the deletion of references to bureaux in the above paragraphs.

The Board agrees.

ARTICLE XXI

EXECUTION OF DOCUMENTS

Contracts, documents or instruments in writing requiring the signature of the Association may be signed by the President and the Executive Director or by any two of the President, the Executive Director and the voting members of the Executive Council and all contracts, documents and instruments in writing shall be binding upon the Association without any further authorization or formality. The Executive Council shall have the power from time to time by resolution to appoint any person or persons on behalf of the Association either to sign contracts, documents or instruments in writing generally or to sign specific contracts, documents or instruments in writing.

Council recommends: In line one, after "in writing" add "approved by the Executive Council or the Board of Governors."

The Board agrees.

ARTICLE XXII

RULES

The rules contained in Sturgis, New Edition, shall govern the Association, the Board of Governors and the Executive Council in all cases to which they are applicable, and when not inconsistent with these By-laws.

ARTICLE XXIII

SCIENTIFIC SESSION

Section 1

Annual scientific sessions of the Association shall be established to foster the presentation and discussion of subjects pertaining to the improvement of the dental health of the public and the science and art of dentistry.

Section 2

The time and place of the annual scientific session of the Association shall be determined by the Executive Council.

Section 3

The Executive Council shall provide for the management of and make all arrangements for, each scientific session, including the establishment and collection of registration fees.

ARTICLE XXIV

AMENDMENT OF BY-LAWS

Section 1

These By-laws may be amended or repealed by the Board of Governors in session provided that a copy of the proposed amendments shall have been mailed to the Executive Director of the Association at least three months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken. A copy of such proposed amendments shall be forthwith mailed by the Executive Director to each member of the Board of Governors, to the secretary of each Corporate member and to the chairman of the Constitution and By-laws Council. Any such amendment or repeal shall require for adoption the affirmative vote of two-thirds of the members of the Board of Governors. No enactment, repeal or amendment of the By-laws of the Association shall be enforced or acted upon until the approval of the Minister of Consumer and Corporate Affairs has been obtained.

Section 2

The notice of any proposed amendment required by Section 1 hereof may be dispensed with by unanimous vote of the members of the Board of Governors present at any meeting. Any such amendments shall require for adoption the unanimous vote of the members of the Board of Governors present at any such meeting.

ARTICLE XXV

SUBMITTED RESOLUTIONS

In order to receive the attention of the Board of Governors at annual sessions, "submitted resolutions" so labelled must be submitted by Corporate members at least thirty days prior to the Board Session at which the resolution is to be considered.

ARTICLE XXVI

BORROWING POWERS

The Board of Governors may from time to time:

- (a) borrow money upon the credit of the Association.
- (b) issue, sell or pledge for such sums and such prices as may be deemed expedient, securities of the Association.
- (c) charge, mortgage, hypothecate or pledge all or any of the real or personal property of the Association, including book debts, rights, powers, franchises and undertakings currently owned or subsequently acquired and to secure generally any other obligation or liability of the Association.

From time to time, the Board of Governors may authorize any governor, officer or employee of the Association or any other persons to make arrangements with reference to the monies borrowed or to be borrowed as aforesaid and as to the terms and conditions of the loans thereof, and as to the securities to be given therefor, with power to vary or modify such arrangements, terms and conditions and to give such additional securities for any monies borrowed or remaining due by the Association as the Board of Governors may authorize, and generally to manage, transact and settle the borrowing of money by the Association.

COUNCIL ON DENTAL MATERIALS AND DEVICES

MEMBERS: D.C. Smith, Chairman, Faculty of Dentistry, University of Toronto; R.Y. Barolet, Ecole de Medecine Dentaire, Universite Laval; P. Desautels, Faculte de Chirurgie Dentaire, Universite de Montreal; D. Gau, Faculty of Dentistry, University of Alberta; L.N. Johnson, Faculty of Dentistry, University of Western Ontario

R E P O R T

1. Non-members usually invited to attend meetings: R.W. Campbell, Office of Medical Devices, Department of National Health and Welfare; T. Curry, Department of National Health and Welfare; J. Stanford, Council on Dental Materials, American Dental Association; D.K. Peters, Canadian Dental Association, Representative on Standards Council of Canada.

MEETINGS

2. The Committee met only once in 1975 at the request of the Executive Committee of the Canadian Dental Association, in order to conserve finances. A second meeting was held on April 26th, 1976. The Committee has continued its vigorous involvement with the standards programme and with the regulatory action of the Department of National Health and Welfare.

STANDARDS PROGRAMME

3. Discussions continued throughout the year and culminated in the foundation of the Canadian Standards Association Committee on Dentistry, which will be responsible for a national standards programme in areas directly related to dental materials and devices, and also will maintain liaison with other committees formulating standards in other areas of dental interest such as anesthetic gases, radiology and surgical implants. The C.D.A. Committee is the nucleus of the C.S.A. Committee, and other dental and lay interests are represented. The composition of the C.S.A. Committee is given in Appendix 1. It held its first meeting on April 27th, 1976.
4. Members of the C.D.A. Committee continue to be actively involved in the international standards programme through the International Standards Organization and the Federation Dentaire Internationale. The members attended the meeting of ISO/TC 106 in Chicago in October 1976 and took part in the work of the various working groups. It may be noted that Canada now holds the Secretariat of Working Group 6 - Filling Materials. Dr. D. Gau is responsible for this work, whilst Dr. D.C. Smith is Chairman. The Chairman also attended the meetings of the F.D.I. Commission on Dental

COUNCIL ON DENTAL MATERIALS AND DEVICES

Materials, Instruments, Equipment and Therapeutics in Chicago. Dr. L.N. Johnson has been appointed a Consultant to the Commission.

5. A serious matter in connection with representation at these meetings has been restricted by the ISO Secretariat of the Standards Council of Canada of funds to support attendance. In previous years, basic air fare and a minimal per diem expense was provided to cover the meeting period. At the Chicago meeting, the per diem expense was allowed only for the actual days of the meeting. The members of the Committee therefore had to finance attendance from their own pockets. Next year it is proposed by the Standards Council of Canada that only the basic air fare be provided. Representation to the SCC through Dr. D.W. Peters has resulted in a ruling that costs up to the limit of the economy air fare will be provided. This allows some possible flexibility by the use of charter travel. The C.D.A. Committee may have to meet living expenses from its resources for attendance at the next ISO meeting in Paris, in order to ensure Canadian representation. Thus, there is a specific budget need here.

MEDICAL DEVICE REGULATIONS

6. Liaison with the Medical Device Bureau of the Health Protection Branch of the Department of National Health and Welfare through Dr. R.W. Campbell has been maintained, and a number of matters of mutual interest have been discussed. In October 1976, the Chairman represented the C.D.A. at a conference in Ottawa sponsored by the Health Protection Branch on "Medical Devices in Health Protection". The meeting discussed the Regulations pertaining to Medical Devices which were published in September 1976. Dr. Smith delivered a paper to the meeting entitled "Medical Devices and Health Protection in Dentistry". The concerns expressed in the paper relating to the questions of safety and quality control in dental materials and devices received mention in the national press and radio.
7. The Regulations relating to Medical Devices became law on April 1st, 1976, and have several areas of difficulty for the dental profession and trade. Representation concerning the need for modifications with respect to dental interests have been made to the Health Protection Branch. As a result, at the meeting of the C.D.A. Committee on April 27th, 1976, a discussion was held with Drs. DasGupta, Director of the Medical Device Bureau, and R.W. Campbell, Director of Medicine, to suggest amendments to the Regulations. Important concessions have been secured including the exemption of custom-made devices from the provisions of the Regulations. However clarification of the position of dentist-importers is still required. The Committee heard that the representations made to the Minister (Mr. M. Lalonde) by President Mussells concerning dental representation in the Health Protection Branch, had coincided with the appointment

COUNCIL ON DENTAL MATERIALS AND DEVICES

of Dr. Pierre Blais to the Medical Devices Bureau to head a section concerned with dental devices.

8. With respect to the developments in the areas of standards and device regulations, the Committee sponsored an issue of the C.D.A. Journal (August 1976) on Dental Materials, which contained articles describing the developments in standards and the programme of the Committee. More recently, information has been provided to the profession on the introduction of the Medical Device Regulations. A continuing need for publicity in this area is expected.
9. The Committee has also dealt with many other items of interest to the profession which required answers or advice. An advisory service to the Editor of the C.D.A. Journal has also been provided. This has necessitated considerable consultation, since the Device Regulations have implied a need to apply the advertising and promotion guidelines of the Association more stringently in relation to advertising claims for clinical effectiveness. The draft of new guidelines on consumer advertising and promotional material for dentifrices recognized by the Canadian Dental Association was presented to the Committee at its last meeting for comments and suggestions. In partial response the following motion was approved.

RESOLVED

Whereas the Committee on Dental Material and Devices has in recent months been asked on numerous occasions to comment on advertisements for dental products, including dentifrices

and

Whereas it is expected that this type of consultation will increase in quantity and complexity.

Whereas there are two aspects to the assessment of these products, namely a materials aspect and a therapeutic aspect.

thereupon it be resolved

That if such Consultations are to be a continuing responsibility of the Committee, the Committee be authorized to enlarge its membership to provide a working group in each of the materials and therapeutic areas,

and

COUNCIL ON DENTAL MATERIALS AND DEVICES

That the necessary fundings be authorized to permit the working groups to operate effectively.

Adopted

RESOLVED

That the duties of the Scientific Editor not include offering opinions on the scientific content of submitted Journal advertising and that this duty be given to the Council on Dental Materials and Devices to strike an appropriate sub-committee to perform this service.

Adopted

CANADIAN DENTAL RESEARCH AWARD PROGRAMME

10. Also at the last Committee meeting, in view of the Executive Council recommendation re the CDRF award program, the following motion was approved.

RESOLVED

That the Council on Dental Materials and Devices accept the responsibility for the administration of the C.D.R.F. award

and

That the CDRF Awards subcommittee comprise Dr. P. Desautels, Chairman and Dr. R. Barolet.

Adopted

The Committee directed the secretariat to express, on behalf of the Committee, its commendation to Dr. Arto Demirjian for the excellent way in which he has chaired the awards committee during the period it has been under the purview of the Council on Research.

STATUS OF THE COMMITTEE ON DENTAL MATERIALS AND DEVICES

11. At its April meeting, the Committee was informed of the following action taken by the Executive Council in January: "That as a follow-up to Council's recommendation that the Research Council be dissolved (Exec. C. October '75 #74g). It is recommended to the Board that the Committee on Dental Materials and Devices be elevated to the status of a Council and that the new Council be given the responsibility of operating the CDRF award program as the directors of the Foundation."

COUNCIL ON DENTAL MATERIALS AND DEVICES

On learning that the present C.D.A. by-laws make an Associate C.D.A. member ineligible to serve as chairman of a Council, the Committee expressed its concern through the following resolution.

RESOLVED THAT

Whereas Dr. Smith, Chairman of the Committee on Dental Materials and Devices is more experienced than the other members of the Committee in the roles the Committee should play with the Federation Dentaire Internationale, the Canadian Standards Association, and the Department of National Health and Welfare.

Thereupon be it resolved

That the Committee draw the attention of the Executive Council to the fact that under the present by-laws the chairman of the Committee, being an Associate member of C.D.A., would not be eligible for appointment as chairman of the Council, and that the Committee recommends that Dr. D.C. Smith be appointed interim chairman until such time as this matter can be regularized.

Adopted

RESOLVED

That Dr. D.C. Smith be appointed as interim Chairman and that this matter be referred to the Council on Constitution and by-laws.

Adopted

FUTURE PROGRAMME

12. The Chairman feels that the establishment of the C.S.A. Committee and the implementation of the Medical Device Regulations with regard to safety and efficacy will have a major impact on clinical dentistry in Canada, and thus the Committee will continue to play an important role in its area of competence in the foreseeable future. The additional responsibilities which may accrue to the Committee if it becomes a Council especially in the area of expert advisory opinion to the profession and in the matter of advertising and promotional material will necessitate increased involvement of consultants in various

areas. The activities of the Committee especially in its representation on standardization bodies will necessitate increased budgetary support and it is hoped that adequate provision will be made in this regard.

The Chairman wishes to thank the members of and the consultants to the Committee for their time freely given towards the accomplishment of the Committee's objectives, and Dr. W.G. McIntosh former Executive Director of the C.D.A., for his counsel and support.

The Board wishes to thank the committee for its endeavours and its Chairman for an excellent report.

EDUCATION

MEMBERS: W.H. Feasby, Chairman, London; E.R. Ambrose, Montreal;
A.G. Hannam, Vancouver; R. Coulombe, Lachine, Quebec;
G.E. Decker, Alberta; G.A. Freeze, North Vancouver;
Dr. G. Perlmutter, Ontario; L.G. Mandin, Alberta;
J.D. McLean, California

R E P O R T

RESOLVED

*That the report of the Council on Education be referred
back to the Executive Council for consideration.*

Adopted

ENDODONTICS

MEMBERS: B. Sedlezky, President, Westmount, P.Q.; P. Vanek,
Ann Arbor, Michigan, President-Elect; J.M. Phillips,
Secretary-Treasurer, Oshawa

R E P O R T

1975 ANNUAL MEETING

1. The annual meeting was held in Montreal on October 18-19, 1975. Dr. Bruce Burns chaired the meeting which was an outstanding success.

1975 ENDODONTIC TEACHERS' WORKSHOP

2. Every dental faculty across Canada was represented at this first Endodontic Teachers' Workshop. The interchange of ideas between the endodontic teachers proved to be most beneficial and all agreed that it had been extremely worthwhile.
3. A second workshop will be held this year in conjunction with the annual meeting.

1976 ANNUAL MEETING

4. The academy will meet September 13-15, 1976 at the Chateau Lacombe, Edmonton, Alberta.

The Board received this report as information.

ETHICS

MEMBERS: J.P. Beattie, Chairman, Winnipeg; A.H. Peacock, Saskatoon; M.B. Archambault, Montreal; R.J. Warshawski, Vancouver; R.A. Epstein, Halifax

R E P O R T

QUESTIONNAIRE

1. The Council on Ethics submitted the following questionnaire to the Secretaries of the provincial dental organizations.

- (a) Is there any direct conflict between your provincial Dental Act and the present C.D.A. Code of Ethics?

This could apply particularly to the sections on auxiliary responsibilities, third-party contracts and group-practice variations.

- (b) Is there dissatisfaction or direct disagreement, particularly amongst the younger members, with the C.D.A. Code's statements regarding moral obligations and general public relations?

This could apply to the sections dealing with fees, announcements, signs and advertising.

Replies have been received from most provinces. Ontario, because of the revision of its Dentistry Act, is redrafting the C.D.A. Code to fit in with the new Act's details.

British Columbia has its own specific Code and seldom refers to the C.D.A. Code.

Quebec and Saskatchewan because of recent legislation activities may find it necessary to redraft Codes to fit in with provincial laws.

Alberta, Manitoba, Newfoundland and New Brunswick indicate that there is no direct conflict between the Code and their Dental Acts, also that the majority of their members have no disagreement with the Code's moral obligations and general public relations.

It would appear that the broad field of ethics across Canada is in a stage of transition and possible change. No comprehensive or functional Code of Ethics is possible until such time as the relationship between the provincial organizations with their respective governments, and the role of the C.D.A. in guiding these provincial organizations, has become finalized.

ETHICS

FUTURE PLANS

2. An adequate evaluation of modern professional ethics and any future planning for a review and revision of the current C.D.A. Code could best be accomplished through a meeting or meetings of all members of this Council.

This report was presented by Dr. Peacock and was received as information.

The Board recommends that due to the fact that many of these revisions are being undertaken by Provincial Corporate members that meetings of the Council on Ethics be deferred until such time as these Corporate members are prepared to report.

Adopted

FINANCE COMMITTEE REPORT

MEMBERS: M.J. Cipton, President-Elect, Chairman, Moncton;
H.L. Mussells, President, Montreal; J.F. Reid,
Past President, North Vancouver

R E P O R T

1. The Finance Committee, at the direction, and in concert with the Executive Council revised the 1976 Budget.
 - (a) Estimated expenses were reduced from \$811,415 to \$645,922.
 - (b) Estimated revenue was reduced from \$844,976 to \$645,232.
 - (c) Head office staff was reduced from 27 to 19.
2. These actions were taken according to the priorities set by the Priorities Committee and approved by Executive Council.

(1) Auditors 1975 Report

	<u>1975</u>	<u>1974</u>
Revenue	590,754	613,778
Expenditure	485,098	610,799
Surplus	105,656	2,979
Working Capital	78,478	101,821
Reserve Fund	37,139	223,675
Convention	(37,166)	8,014

(2) Dental Aptitude Test Program Audited Statement

	<u>1976</u>	<u>1975</u>
Excess of Revenue over Expenditure	(9,847)	1,342
Surplus at end of year	16,849	26,696

(3) C.D.A. Operating Statements to June 30, 1976

- (a) Comparative Statement - Revenue
- (b) Comparative Statement - Expenditure
- (c) Comparative Analysis of Journal of the C.D.A.
The Journal lost \$88,930 in 1973, \$64,227 in 1974, and made a profit of \$4,521 in 1975.

FINANCE COMMITTEE REPORT

(4) C.D.A. 1977 Budget

- (a) Estimated Revenue
- (b) Revenue Forecast - Membership Fees
- (c) Revenue Forecast - Corporate Fees
- (d) Estimated Expenditures
- (e) Council and Committee Budgets
- (f) Supplementary Schedule for Ottawa Headquarters
- (g) Signing Officers and Directors - Royal Bank

RESOLVED

That the Finance Committee of the C.D.A. arrange a liaison meeting with the Inter-Agency Affairs Committee of the A.D.A. in Ottawa in the Spring of 1977. The terms of reference and agenda for the meeting and the number of delegates to be arranged with A.D.A.

Adopted

RESOLVED

That the Regular membership fee for all corporate members be increased from \$65.00 to \$90.00 to comply with notice given by the 1975 Board of Governors in August 1975.

Adopted

RESOLVED

That the Associate Membership Fee for 1977 be increased from \$20.00 to \$35.00

Adopted

RESOLVED

That a two-man ad hoc committee be established to bring in recommendations relative to remuneration for members of the Executive Council and the President. Members of this committee to be the

FINANCE COMMITTEE REPORT

Past President and President, with a report to be presented in time for the next meeting of this Board in September.

Adopted

RESOLVED

That remuneration be paid to the President at the rate of \$12,000 per annum, effective August 15, 1975.

Adopted

RESOLVED

That members of the Executive Council be paid at the rate of \$100 per diem for attendance at meetings, this to include travelling days where applicable, effective August 15, 1975.

Adopted

RESOLVED

That this report be approved.

Adopted

CANADIAN DENTAL ASSOCIATION
DENTAL APTITUDE TEST PROGRAM
FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 1976

Thorne
Riddell
& Co.

CHARTERED ACCOUNTANTS

AUDITORS' REPORT

We have examined the statement of net assets of the Canadian Dental Association Dental Aptitude Test Program as at June 30, 1976 and the statements of revenue and expenditure and surplus and changes in financial position for the year then ended. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the net assets of the program as at June 30, 1976 and the results of its operations and the changes in its financial position for the year then ended, in accordance with generally accepted accounting principles which, except as set out in the note to the financial statements, have been applied on a basis consistent with that of the preceding year.



Toronto, Canada
July 5, 1976

Chartered Accountants

CANADIAN DENTAL ASSOCIATION

DENTAL APTITUDE TEST PROGRAM

STATEMENT OF NET ASSETS AS AT JUNE 30, 1976

	ASSETS	1976	1975
CURRENT ASSETS			
Cash		\$ 2,319	\$ 5,066
Guaranteed investment certificates		15,000	25,000
Accrued interest		34	252
Inventory of test supplies, at cost		<u>2,789</u>	<u>3,475</u>
		<u>20,142</u>	<u>33,793</u>
FIXED ASSETS			
Furniture, fixtures and equipment, at cost		2,864	2,864
Less accumulated depreciation		<u>2,570</u>	<u>2,361</u>
		<u>294</u>	<u>503</u>
		20,436	34,296
		<u>3,587</u>	<u>7,600</u>
ACCRUED EXPENSES			
		<u>3,587</u>	<u>7,600</u>
NET ASSETS			
		<u>\$16,849</u>	<u>\$26,696</u>
SURPLUS			
		<u>\$16,849</u>	<u>\$26,696</u>

Note

Prior to and during the fiscal year ended June 30, 1975 the program's policy was to account for transactions on the cash basis. At June 30, 1975 the program accrued interest receivable of \$252 and expenses of \$7,600 as a result of adopting, from this date forward, the generally accepted accrual basis of accounting. Accordingly the excess of revenue over expenditure for the year ended June 30, 1975 is \$7,348 less than would have been had these accruals not been made at June 30, 1975.

CANADIAN DENTAL ASSOCIATION

DENTAL APTITUDE TEST PROGRAM

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED JUNE 30, 1976

	1976	1975
Revenue		
Applicants' testing fees	\$34,005	\$38,915
Interest	<u>1,758</u>	<u>2,226</u>
	<u>35,763</u>	<u>41,141</u>
Expenditure		
Test supplies		
Inventory at beginning of year	3,475	3,886
Purchases	<u>4,954</u>	<u>8,133</u>
	8,429	12,019
Inventory at end of year	<u>2,789</u>	<u>3,475</u>
	5,640	8,544
Salaries	11,744	9,685
Grading of tests and development of computer program	13,909	8,750
Honoraria	6,690	6,670
Postage and express	1,576	2,103
Travel and sundry expense	3,295	1,964
Validation studies	645	988
Office supplies and expenses	1,545	401
Depreciation	209	338
Professional fees	350	300
Bank charges	<u>7</u>	<u>56</u>
	<u>45,610</u>	<u>39,799</u>
EXCESS OF REVENUE OVER EXPENDITURE (EXPENDITURE OVER REVENUE)	(9,847)	1,342
SURPLUS AT BEGINNING OF YEAR	<u>26,696</u>	<u>25,354</u>
SURPLUS AT END OF YEAR	<u>\$16,849</u>	<u>\$26,696</u>

CANADIAN DENTAL ASSOCIATION

DENTAL APTITUDE TEST PROGRAM

STATEMENT OF CHANGES IN FINANCIAL POSITION

YEAR ENDED JUNE 30, 1976

	<u>1976</u>	<u>1975</u>
WORKING CAPITAL DERIVED FROM		
Operations		
Excess of revenue over expenditure		\$ 1,342
Add depreciation which does not involve working capital		<u>338</u>
		1,680
WORKING CAPITAL APPLIED TO		
Operations		
Excess of expenditure over revenue	\$ 9,847	
Deduct depreciation which does not involve working capital	<u>209</u>	<u>1,680</u>
INCREASE (DECREASE) IN WORKING CAPITAL	(9,638)	1,680
WORKING CAPITAL AT BEGINNING OF YEAR	<u>26,193</u>	<u>24,513</u>
WORKING CAPITAL AT END OF YEAR	<u>\$16,555</u>	<u>\$26,193</u>

C.D.A. REVENUE
1976 COMPARATIVE STATEMENT

FINANCE 3

Year to June 30, 1976

	1974 <u>Actual</u>	1975 <u>Actual</u>	Revised 1976 <u>Budget</u>	1976 to <u>June 30</u>
Corporate Fee	\$ -	\$ 13,312	\$ 76,640	\$ 4,870
(1) Associate Memberships	3,530	3,683	3,400	3,500
Memberships - British Columbia	76,310	80,795	84,500	45,000
Alberta	48,100	50,586	52,000	26,000
Saskatchewan	15,665	16,991	16,250	5,000
Manitoba	22,945	23,595	23,400	-
Ontario	199,760	161,785	149,500	157,995
Quebec	99,275	81,920	35,100	49,545
New Brunswick	9,230	9,490	9,750	11,100
Nova Scotia	15,110	15,660	15,275	7,913
Prince Edward Island	2,405	2,776	2,730	-
Newfoundland	4,485	4,810	5,655	5,460
Interest - CDRF	800	800	1,000	1,900
Income Term Deposits	5,967	7,976	200	11,069
Journal Operation	19,126	66,135	75,980	30,807
National Convention-H.Q. Services	28,000	24,000	12,000	-
Sales of Publications	22,301	27,142	28,600	8,924
Space Rental CFDE	3,000	3,000	1,500	1,500
Student Membership	4,587	5,129	5,000	665
Subscriptions JCDA	6,044	8,206	7,000	7,026
2) Sundry Income, others	8,828	9,854	1,000	1,670
NDEB re: Survey of Undergraduate Programs	8,000	12,000	10,000	12,000
CFDE re: Special Grants	1,000	-	-	-
Conference on Auxiliaries	6,000	-	-	-
Survey of Graduate Programs	408	-	3,000	-
Students Conference	3,073	4,015	4,452	-
Students Table Clinic	1,948	565	4,000	-
Teaching Conference	3,000	-	3,000	3,000
Committee on Standards	2,000	2,000	-	-
Survey Program				
Consulting Services	11,534	13,807	14,300	-
Conference on Information Services	-	5,000	-	-
Ottawa Building Fund & Interest	473	1,857	-	-
 TOTAL	 <u>\$632,904</u>	 <u>\$656,889</u>	 <u>\$645,232</u>	 <u>\$394,944</u>

C.D.A. EXPENDITURES1976 COMPARATIVE STATEMENTYear to June 30, 1976

	1974 Actual	1975 Actual	Revised 1976 Budget	1976 to June 30
Annual Board Meeting	25,400	38,137	23,634	824
Board Members' Special Expenses	1,405	300	1,000	-
Executive Council Honorarium	-	2,400	15,000	4,400
CDRF Award	542	800	700	-
Contingency	6,893	-	10,000	-
Film Production - Distribution	2,483	2,714	1,772	821
Furniture & Fixtures	1,896	669	-	-
Grants - CDNAA	300	300	300	300
- CFDE	12,000	5,000	500	-
- FDI	4,611	4,742	5,000	-
- President's Honoraria	3,000	5,197	12,000	10,100
History of Dentistry & Archives	34	-	-	-
Insurance (Building, Fidelity, Sick, Travel)	2,602	2,026	3,500	1,907
Legal & Audit	4,233	6,658	6,500	14,156
Office Administration Fund	7,085	5,752	10,000	-
Office Supplies & Expenses	24,619	29,440	21,900	13,890
Postage	11,121	8,354	9,400	1,748
Property - Mortgage, Interest & Payments	-	4,071	-	9,495
- Light, Heat, Water	4,424	5,392	2,500	2,698
- Maintenance & Repairs	9,644	3,821	1,500	2,732
- Taxes	7,693	7,397	3,500	5,574
Printing - BPI	37,051	15,345	29,500	3,736
Printing - General	25,848	17,412	18,400	8,589
Salaries	264,695	239,588	223,864	105,698
Employee Benefits	26,322	22,290	22,041	19,493
Survey Program Consulting Services	11,534	14,307	14,300	6,130
Telephone	7,734	7,316	5,790	4,213
Translations	4,606	2,151	4,800	-
Travel & Meetings	81,754	73,497	83,321	43,485
Membership Promotions	-	11,854	7,000	3,668
Dental Health Month	-	120	6,000	824
Task Force	33,350	-	-	-
TOTAL EXPENDITURES:	\$622,879	\$537,050	\$543,722	\$264,681
PLUS OTTAWA (6 mos.)			\$102,200	
			\$645,922	
LESS REVENUE	\$632,904	\$656,889	\$645,232	394,944
SURPLUS (DEFICIT)	\$ 10,025	\$119,839	\$ (690)	\$130,263

COMPARATIVE ANALYSISJOURNAL OF THE CANADIAN DENTAL ASSOCIATIONYear to June 30, 1976

<u>REVENUE</u>	1975 <u>Actual</u>	1976 Revised <u>Budget</u>	1976 to June 30
*Gross Advertising	\$200,594	\$225,000	\$106,030
Subscriptions Sold	<u>8,206</u>	<u>9,500</u>	<u>7,026</u>
	<u>\$208,800</u>	<u>\$234,500</u>	<u>\$113,056</u>
 <u>EXPENDITURES</u>			
*Agency & Media Rep. Commissions	\$ 25,714	\$ 33,770	\$ 10,787
*Customs Brokerage	332	600	310
*Sales Travel Expense	1,572	2,350	1,457
*Printing	83,753	86,800	48,971
*Postage	17,385	22,000	9,772
*Translations	1,722	1,900	1,139
*Photography	300	400	8
*Art	740	1,000	340
*Cartoons	-	200	-
*Sundry Journal Expense	2,941	-	2,439
Salaries	54,681	70,700	30,078
Salary Expense	4,260	4,306	3,415
Office Expense	1,900	1,500	1,800
Office Postage	2,000	1,500	900
Telephone	2,040	2,040	1,020
Furniture & Fixtures	-	-	-
Floor Space Evaluation	4,400	4,400	1,650
Conventions & Annual Meeting	<u>539</u>	<u>539</u>	<u>-</u>
	<u>\$204,279</u>	<u>\$234,005</u>	<u>\$114,086</u>
 <u>PROFIT</u>	 \$ 4,521	 \$ 495	 \$ 1,030

* Produces Journal Gross Revenue shown as Journal Operation item on Revenue Statement.

CDA ESTIMATED REVENUE 1977

	1974 <u>Actual</u>	1975 <u>Actual</u>	Revised 1976 <u>Budget</u>	Proposed 1977 <u>Budget</u>
Corporate Fee	\$ -	\$ 13,312	\$ 76,640	\$ 81,010
Associate Memberships	3,530	3,683	3,400	6,125
Memberships - British Columbia	76,310	80,795	84,500	120,150
Alberta	48,100	50,586	52,000	75,600
Saskatchewan	15,665	16,991	16,250	24,300
Manitoba	22,945	23,595	23,400	37,000
Ontario	199,760	161,785	149,500	216,000
Quebec	99,275	81,920	35,100	63,000
New Brunswick	9,230	9,490	9,750	13,680
Nova Scotia	15,110	15,660	15,275	22,950
Prince Edward Island	2,405	2,776	2,730	3,780
Newfoundland	4,485	4,810	5,655	7,830
Interest - CDRF	800	800	1,000	800
Income Term Deposits	5,967	7,976	200	1,000
Journal Operation	19,126	66,135	75,980	93,230
National Convention-H.Q. Services	28,000	24,000	12,000	5,000
Sales of Publications	22,301	27,142	28,600	30,000
Space Rental CFDE	3,000	3,000	1,500	-
Student Membership	4,587	5,129	5,000	5,000
Subscriptions JCDA	6,044	8,206	7,000	8,000
Sundry Income, others	8,828	9,854	1,000	2,000
NDEB re: Survey of Undergraduate Programs	8,000	12,000	10,000	12,000
CFDE re: Special Grants	1,000	-	-	36,000
Conference on Auxiliaries	6,000	-	-	-
Survey of Graduate Programs	408	-	3,000	-
Students Conference	3,073	4,015	4,452	3,100
Students Table Clinic	1,948	565	4,000	4,000
Teaching Conference	3,000	-	3,000	2,500
Committee on Standards	2,000	2,000	-	2,000
Survey Program	-	-	-	-
Consulting Services	11,534	13,807	14,300	-
Conference on Information Services	-	5,000	-	-
Ottawa Building Fund & Interest	473	1,857	-	-
 TOTAL	 \$632,904	 \$656,889	 \$645,232	 \$876,055

- (1) Based on an increase from \$20.00 to \$35.00 per year for Associate Membership in 1977.
- (2) Sundry Income includes profit from Medifacts Tape Cassette Programme and Federation Dentaire Internationale rebate.

CANADIAN DENTAL ASSOCIATION

REVENUE FORECAST - 1977

MEMBERSHIP FEES

	Paid Members 1975	Paid Projected Members 1976	Per Member Fee 1976	1976 Fee Forecast	Projected Members 1977	Per Member Fee 1977	1977 Fee Forecast
British Columbia	1,243	1,300	\$65.00	\$ 84,500	1,335	\$ 90.00	\$120,11
Alberta	740	800	65.00	52,000	840	90.00	75,60
Saskatchewan	246	250	65.00	16,250	270	90.00	24,30
*Manitoba	376	360	65.00	23,400	370	100.00	37,00
*Ontario	2,489	2,300	65.00	149,500	2,400	90.00	216,00
*Quebec	553	540	65.00	35,100	700	90.00	63,00
New Brunswick	146	150	65.00	9,750	152	90.00	13,68
Nova Scotia	247	235	65.00	15,275	255	90.00	22,95
Prince Edward Island	40	42	65.00	2,730	42	90.00	3,78
Newfoundland	84	87	65.00	5,655	87	90.00	7,83
	6,164	6,064		\$394,160	6,451		\$584,29

+ Manitoba fees are based on \$100.00 per member rather than \$90.00 plus \$10.00 Corporate Fee.

* Estimated Revenue for fees of voluntary members.

CANADIAN DENTAL ASSOCIATION

REVENUE FORECAST - 1977

CORPORATE FEES

Province	Paid Members 1975	Net Projected 1976	Net Member Fee	1976 Forecast	Net Projected 1977	1977 Forecast
British Columbia	1,243	1,300	\$ 10.00	13,000	1,335	\$13,350
Alberta	740	800	10.00	8,000	840	8,400
Saskatchewan	246	250	10.00	2,500	270	2,700
Manitoba	376	360	10.00	-	370	-
* Ontario	3,726	2,800	10.00	28,000	3,120	31,200
* Quebec	553	2,000	10.00	20,000	2,000	20,000
New Brunswick	146	150	10.00	1,500	152	1,520
Nova Scotia	247	235	10.00	2,350	255	2,550
Prince Edward Island	40	42	10.00	420	42	420
Newfoundland	84	87	10.00	870	87	870
	7,401	8,024	\$10.00	\$76,640	8,471	\$81,010

* Estimated Revenue for fees of corporate members are based on all licensed dentists for Ontario for 1975 and for voluntary members for Quebec. The 1976 figures are for members of Ontario Dental Association and for licensed dentists in Quebec, and the 1977 figures are for members of the Ontario Dental Association and for licensed dentists in Quebec.

C.D.A. ESTIMATED EXPENDITURES 1977

	1974	1975	Revised 1976	1977
	<u>Actual</u>	<u>Actual</u>	<u>Budget</u>	<u>Budget</u>
Annual Board Meeting	25,400	38,137	23,634	42,030
Board Members' Special Expenses	1,405	300	1,000	-
Executive Council Honorarium	-	2,400	15,000	10,000
CDRF Award	542	800	700	800
Contingency	6,893	-	10,000	20,000
Film Production - Distribution	2,483	2,714	1,772	4,152
Furniture & Fixtures	1,896	669	-	1,000
Grants - CDNA	300	300	300	-
- CFDE	12,000	5,000	500	500
- FDI	4,611	4,742	5,000	4,500
- President's Honoraria	3,000	5,197	12,000	12,000
History of Dentistry & Archives	34	-	-	-
Insurance (Building, Fidelity, Sick, Travel)	2,602	2,026	3,500	4,000
Legal & Audit	4,233	6,658	6,500	20,000
Office Administration Fund	7,085	5,752	10,000	-
1. Office Supplies & Expenses	24,619	29,440	21,900	39,700
Postage	11,121	8,354	9,400	19,000
Property - Mortgage, Interest & Payments	-	4,071	-	110,398
- Light, Heat, Water	4,424	5,392	2,500	36,000
- Maintenance & Repairs	9,644	3,821	1,500	5,000
- Taxes	7,693	7,397	3,500	20,000
Printing - BPI	37,051	15,345	29,500	34,000
Printing - General	25,848	17,412	18,400	25,000
Salaries	264,695	239,588	223,864	201,000
Employee Benefits	26,322	22,290	22,041	24,680
Survey Program Consulting Services	11,534	14,307	14,300	14,300
Telephone	7,734	7,316	5,790	7,000
Translations	4,606	2,151	4,800	5,000
Travel & Meetings	81,754	73,497	83,321	92,500
Membership Promotions	-	11,854	7,000	12,000
Dental Health Month	-	120	6,000	7,000
Task Force	33,350	-	-	-
TOTAL EXPENDITURES:	\$622,879	\$537,050	\$543,722	\$771,560
PLUS OTTAWA (6 mos.)			\$102,200	
			\$645,922	
LESS REVENUE	\$632,904	\$656,889	\$645,232	\$876,055
SURPLUS (DEFICIT)	\$ 10,025	\$119,839	\$ (690)	\$104,495

1. Office Supplies & Expenses include \$15,000 for computer service, \$10,250 for copying charges, \$3,000 for temporary office help and \$800 for press clippings.

COUNCIL AND COMMITTEE BUDGETS

	Actual 1975	Revised 1976	Proposed 1977
<u>Executive Council</u>			
Meetings	7,306	11,700	15,000
Salary Committee	-	200	-
Sundry Federal Representatives	-	1,000	-
	<u>\$ 7,306</u>	<u>\$12,900</u>	<u>\$15,000</u>
<u>Committee on Dental Materials & Devices</u>	<u>\$ 1,796</u>	<u>\$ 2,500</u>	<u>\$ 3,500</u>
<u>Council on Education</u>			
1 Meeting	4,761	4,500	4,000
Miscellaneous Travel	219	1,500	1,500
** Survey Committee & Surveys	6,029	15,319	23,700
Bureau of Dental Statistics	4,616	200	-
Recruitment Committee	1,264	1,800	1,800
* Student Membership Committee	3,249	2,950	3,000
* Student Conference	4,744	4,452	4,000
* Teaching Conference	3,000	3,000	3,000
* Student Table Clinic	4,178	4,000	4,000
	<u>\$32,060</u>	<u>\$37,721</u>	<u>\$45,000</u>
<u>Miscellaneous Councils</u>			
Council on Insurance and Investment	<u>\$ 6,411</u>	<u>\$ 6,000</u>	<u>-</u>
Council on Health Care	<u>\$ 2,720</u>	<u>\$ 3,000</u>	<u>\$ 5,000</u>
Council on Hospital Services	<u>\$ 2,524</u>	<u>\$ 2,000</u>	<u>\$ 3,000</u>
Council on Constitution and By-laws	<u>\$ 324</u>	<u>\$ 1,200</u>	<u>\$ 2,000</u>
Council on Information Services	<u>\$ 3,011</u>	<u>\$ 2,500</u>	<u>\$ 3,000</u>
Council on Legislation	<u>-</u>	<u>-</u>	<u>-</u>
Total Miscellaneous Councils:	<u>\$14,990</u>	<u>\$14,700</u>	<u>\$13,000</u>

* Funds to cover these items to be provided by C.F.D.E.

** To be offset by revenue from the institutions being served.

SUPPLEMENTARY SCHEDULE
FOR OTTAWA HEADQUARTERS

	1976 (6 mos.)	Budget 1977
MOVING EXPENSES FOR OFFICE STAFF	25,000	-
STAFF REPLACEMENT	4,000	-
BUILDING MAINTENANCE AND REPAIRS	5,000	5,000
PROPERTY TAXES	20,000	20,000
CARETAKING (SALARY)	5,000	10,000
INSURANCE	1,000	2,000
UTILITIES (light, heat, air conditioning 65¢ per sq. ft.)	15,000	36,000
MANAGEMENT SERVICES (4% of income)	1,200	1,200
GENERAL EXPENSES	2,000	2,000
	78,200	76,200
*INTEREST AND REPAYMENTS ON MORTGAGE AND LOANS	54,000	110,398
LESS RENTAL REVENUE	<u>30,000</u>	<u>-</u>
	24,000	24,000
	24,000	110,398
	\$102,200	\$186,598
*Huron and Erie (Canada Trust) 1st mortgage		
of \$625,000.00 @ 11% is repayable at a yearly cost of . . .		\$ 72,228.00
C.F.D.E. 5-year 2nd mortgage of \$300,000 @ 12%		36,000.00
Saskatchewan loan of \$17,000.00 @ 8%		1,360.00
New Brunswick loan of \$9,000.00 @ 9%		810.00
		\$110,398.00

To

THE ROYAL BANK OF CANADA:

I, the undersigned, Secretary of

THE CANADIAN DENTAL ASSOCIATION

(Name of Company)

hereby certify that the following are its officers and directors, namely:

Officers

That all previous signing authorities be cancelled and commencing July 8, 1976, the following be the officers for the Association's banking accounts.

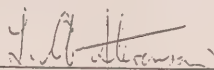
Mr. Lloyd A. Stevenson or
Mr. Rod A. MacLeod and
Ms. Margaret Hideg or
Ms. Linda Teteruck.

Directors

Dr. H.L. Mussells	4695 Sherbrooke Street West Westmount, P.Q. H3Z 1G2
Dr. M.J. Crompton	567 St. George Blvd. Moncton, N.B. E1E 2B9
Dr. R.A. Gray	569-2nd Street S.E. Medicine Hat, Alberta T1A 0C5
Dr. R.L. Moran	350 Rumsey Road Toronto, Ontario M4G 4A4
Dr. J.F. Reid	124 East 15th Street North Vancouver, B.C. V7L 2P9
Dr. D.L. Rife	2953 Bathurst Street Toronto, Ontario M6B 3B2
Dr. S. Silver	4995 Lacombe Avenue Montreal, P.Q. H3W 1R8

Dated at TORONTO this 8th day of JULY, 19 76

CORPORATE SEAL


Secretary

CANADIAN DENTAL ASSOCIATION
FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1975

Auditors' Report

General Account

Balance Sheet

Statement of Revenue and Expenditure and Surplus

Statement of Changes in Financial Position

Notes to Financial Statements

Other Balance Sheets and Statements of Revenue and
Expenditure and Surplus

Reserve Fund

Library Trust Fund

The Grieve Memorial Lectureship Fund

Federation Dentaire Internationale
World Dental Congress

National Convention

AUDITORS' REPORT

We have examined the balance sheets of the General Account, Reserve Fund, Library Trust Fund, The Grieve Memorial Lectureship Fund, Federation Dentaire Internationale World Dental Congress and National Convention of the Canadian Dental Association as at December 31, 1975 and the statements of revenue and expenditure and surplus and the General Account statement of changes in financial position for the year then ended. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the Association as at December 31, 1975 and the results of its operations and the General Account changes in financial position for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Thorne Riddell & Co.
Chartered Accountants

Toronto, Canada
March 10, 1976

CANADIAN DENTAL ASSOCIATION
(Incorporated without share capital under the laws of Canada)

GENERAL ACCOUNT

BALANCE SHEET AS AT DECEMBER 31, 1975

	ASSETS	<u>1975</u>	<u>1974</u>
CURRENT ASSETS			
Cash		\$ 87,064	\$ 56,709
Cash, in trust, for sale of building (note 1)		25,000	
Guaranteed investment certificates		40,500	25,000
Accounts receivable		68,137	51,474
Prepaid expenses		10,224	5,938
Refundable mortgage commitment fee		6,250	
Ottawa building fund (cash, guaranteed investment certificate and accrued interest)			3,576
		<u>237,175</u>	<u>142,697</u>
FIXED ASSETS, at cost			
Building, 234 St. George Street, Toronto (note 1)		197,230	197,230
Building under construction, Ottawa (note 2)		675,567	26,810
Furniture, fixtures and equipment		97,500	96,831
		<u>970,297</u>	<u>320,871</u>
Less accumulated depreciation		165,734	157,585
		<u>804,563</u>	<u>163,286</u>
Land, 234 St. George Street, Toronto		5,100	5,100
Land, Ottawa		81,755	81,755
		<u>891,418</u>	<u>250,141</u>
		<u>\$1,128,593</u>	<u>\$392,838</u>
LIABILITIES AND SURPLUS			
CURRENT LIABILITIES			
Accounts payable and accrued liabilities		\$ 34,181	\$ 36,605
Deposit for sale of building (note 1)		25,000	
Payable to			
Grieve Memorial Lectureship Fund			42
National Convention Fund		2,275	219
Deferred revenue		6,987	4,010
Holdbacks payable on building under construction		90,254	
		<u>158,697</u>	<u>40,876</u>
LONG TERM DEBT (note 3)			
10% First Mortgage, due November 5, 1976			
The Canadian Fund for Dental Education		300,000	
8% Loan payable, due December 10, 1985			
The College of Dental Surgeons of Saskatchewan		17,000	
9% Loan payable, due November 7, 2005			
The New Brunswick Dental Association		9,000	
		<u>326,000</u>	
SURPLUS		<u>643,896</u>	<u>351,962</u>
		<u>\$1,128,593</u>	<u>\$392,838</u>

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1975

	<u>1975</u>	<u>1974</u>
Revenue		
Associate membership	\$ 3,683	\$ 3,530
Student memberships	5,129	4,587
Membership fees		
British Columbia	80,795	76,310
Alberta	50,586	48,100
Saskatchewan	16,991	15,665
Manitoba	23,595	22,945
Ontario	161,785	199,760
Quebec	81,920	99,275
New Brunswick	9,490	9,230
Nova Scotia	15,660	15,110
Prince Edward Island	2,776	2,405
Newfoundland	4,810	4,485
Special purpose grants - Canadian Fund for Dental Education	25,387	28,963
Corporate grants - Accreditation Survey	13,312	
Headquarters services - CDA National Convention	24,000	28,000
Interest from The Canadian Dental Research Foundation	800	800
Interest income	7,976	5,967
Ottawa building fund, donations and interest	1,857	473
Sale of publications, other than Journal	27,142	22,301
Space rental - Canadian Fund for Dental Education	3,000	3,000
Special grants and sundry income	21,854	16,828
Subscriptions, CDA Journal	8,206	6,044
	<u>590,754</u>	<u>613,778</u>

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS (Continued)

YEAR ENDED DECEMBER 31, 1975

	<u>1975</u>	<u>1974</u>
Expenditure		
Annual board meeting	\$ 38,137	\$ 26,805
Task force		33,350
Membership, brochures and information	11,854	
The Canadian Dental Research Foundation Award	800	542
Depreciation		
Building	4,931	4,931
Furniture, fixtures and equipment	3,218	4,011
Grants		
Canadian Dental Nurses and Assistants	300	300
Canadian Fund for Dental Education	5,000	12,000
Federation Dentaire Internationale	4,742	4,611
Journal of CDA (see * below)	(66,135)	(19,126)
History of Dentistry and Archives		34
Insurance	2,026	2,602
Bad debts expense	1,110	6,893
Interest on long term debt	4,071	
Office	35,192	31,704
Postage	8,354	11,121
Professional services	6,658	4,233
Property expenses		
Light, heat and water	5,392	4,424
Repairs and maintenance	3,821	9,644
Taxes	7,397	7,693
Publications other than Journal	32,757	65,382
Salaries	255,912	264,695
Employee benefits	22,290	26,322
Telephone and telegraph	7,316	7,734
Translations	2,151	4,606
Travel and meetings	87,804	96,288
	<u>485,098</u>	<u>610,799</u>
SURPLUS FOR THE YEAR	105,656	2,979
SURPLUS AT BEGINNING OF YEAR	<u>351,962</u>	<u>348,983</u>
	457,618	351,962
Transfer from Canadian Dental Association Reserve Fund	<u>186,278</u>	
SURPLUS AT END OF YEAR	<u>\$643,896</u>	<u>\$351,962</u>
*Certain details re Journal of CDA		
Advertising revenues		
Less costs	<u>\$200,594</u>	<u>\$157,381</u>
Agency commission	25,714	19,441
Postage	17,385	18,371
Printing	83,753	91,422
Sundry	7,607	9,021
	<u>134,459</u>	<u>138,255</u>
Excess of revenues over costs	<u>\$ 66,135</u>	<u>\$ 19,126</u>

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF CHANGES IN FINANCIAL POSITION

YEAR ENDED DECEMBER 31, 1975

	<u>1975</u>	<u>1974</u>
WORKING CAPITAL DERIVED FROM		
Operations		
Surplus for the year	\$105,656	\$ 2,979
Depreciation which does not involve working capital	<u>8,149</u>	<u>8,942</u>
	113,805	11,921
Transfer from Reserve Fund	186,278	
Proceeds from long term debt	<u>326,000</u>	
	<u>626,083</u>	<u>11,921</u>
WORKING CAPITAL APPLIED TO		
Additions to furniture, fixtures and equipment	669	1,896
Building under construction, Ottawa	<u>648,757</u>	
	<u>649,426</u>	<u>1,896</u>
INCREASE (DECREASE) IN WORKING CAPITAL	(23,343)	10,025
WORKING CAPITAL AT BEGINNING OF YEAR	<u>101,821</u>	<u>91,796</u>
WORKING CAPITAL AT END OF YEAR	<u>\$ 78,478</u>	<u>\$101,821</u>
Current assets	\$237,175	\$142,697
Current liabilities	<u>158,697</u>	<u>40,876</u>
	<u>\$ 78,478</u>	<u>\$101,821</u>

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1975

1. BUILDING, TORONTO

The Association has accepted an offer from the Ontario Dental Association for the sale of the land and building at 234 St. George Street, Toronto in the amount of \$342,000, closing on or before December 1, 1976. A deposit of \$25,000 has been received on account of this transaction and is held in trust. This deposit has been invested in a guaranteed investment certificate.

2. BUILDING UNDER CONSTRUCTION, OTTAWA

The Association is committed under the terms of a contract for the construction of a building in Ottawa for a total cost of \$1,173,333. As at December 31, 1975 the balance of the contract amounts to \$571,642.

3. LONG TERM DEBT

- (a) Subsequent to December 31, 1975 the Association arranged a first mortgage from Canada Trust of \$625,000 due February 28, 1977, secured by the Ottawa land and building and a general assignment of rents. The mortgage commitment provides that \$125,000 will be held back until a stipulated amount of rental revenue is achieved. Interest is payable at 11% which is renewable annually at a rate which is $\frac{1}{2}$ of 1% less than the then five year commercial mortgage rate.

Monthly payments of principal and interest amount to \$6,016 per month based on the full advance.

- (b) The 10% first mortgage has been renegotiated subsequent to December 31, 1975 as a second mortgage due February 28, 1981, which is secured by the Ottawa land and building. The mortgage bears interest at 12% subject to annual review to yield 1% over the interest rate payable on the first mortgage negotiated in 1976.

The mortgage provides for payments of interest only, the principal amount being due at maturity.

- (c) The 8% and 9% loans payable provide for payments of interest only, the principal amount being due at maturity.

4. BASIS OF PRESENTATION

These financial statements do not include accounts relating to the dental aptitude test program for which separate financial statements are issued as at June 30.

CANADIAN DENTAL ASSOCIATION

RESERVE FUND

BALANCE SHEET AS AT DECEMBER 31, 1975

ASSETS

	<u>1975</u>	<u>1974</u>
Cash	\$ 30,282	\$ 3,436
Receivable from Grieve Memorial Lectureship Fund		879
Receivable from sale of bond	6,857	
Accrued interest		2,174
Government, government guaranteed bonds and guaranteed investment certificates, at cost (market value 1974, \$106,044)		113,967
Investment in Common Stock Fund - Canadian Dental Association Retirement Savings Plan, at cost (market value 1974, \$91,704)		
	<u> </u>	<u>103,500</u>
	<u>\$ 37,139</u>	<u>\$223,956</u>

LIABILITIES

Payable to		
Canadian Fund for Dental Education		\$ 179
Grieve Memorial Lectureship Fund		<u>102</u>
Total liabilities		281

SURPLUS

Surplus	<u>\$ 37,139</u>	<u>223,675</u>
	<u>\$ 37,139</u>	<u>\$223,956</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1975

	<u>1975</u>	<u>1974</u>
Revenue		
Investment interest	\$ 4,796	\$ 6,869
Bank interest	<u>45</u>	<u>12</u>
	4,841	6,881
Loss on sale of bonds	<u>5,099</u>	<u> </u>
SURPLUS (DEFICIT) FOR THE YEAR	(258)	6,881
SURPLUS AT BEGINNING OF YEAR	<u>223,675</u>	<u>216,794</u>
	223,417	223,675
Transfer to Canadian Dental Association		
- General Account for Ottawa building	<u>186,278</u>	<u> </u>
SURPLUS AT END OF YEAR	<u>\$ 37,139</u>	<u>\$223,675</u>

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND

BALANCE SHEET AS AT DECEMBER 31, 1975

	ASSETS	1975	1974
Cash		\$ 3,424	\$ 1,953
Guaranteed investment certificate		41,500	41,500
Accrued interest		604	604
		<u>45,528</u>	<u>44,057</u>
Furniture and fixtures, at cost		103	103
Less accumulated depreciation		81	71
		<u>22</u>	<u>32</u>
Books, at cost		27,957	27,435
Less accumulated depreciation		<u>27,956</u>	<u>27,434</u>
		<u>1</u>	<u>1</u>
		<u>\$45,551</u>	<u>\$44,090</u>
	SURPLUS		
Surplus		<u>\$45,551</u>	<u>\$44,090</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1975

	1975	1974
Revenue		
Interest income		
Royalties - History of Dentistry	\$ 3,582	\$ 4,010
	<u>57</u>	<u>36</u>
	<u>3,639</u>	<u>4,046</u>
Expenditure		
Bank charges	2	6
Binding books, journals, etc.	295	
Depreciation, books	523	1,038
Depreciation, furniture and fixtures	10	10
Office supplies and expense	420	84
Subscriptions	928	883
	<u>2,178</u>	<u>2,021</u>
SURPLUS FOR THE YEAR	1,461	2,025
SURPLUS AT BEGINNING OF YEAR	<u>44,090</u>	<u>42,065</u>
SURPLUS AT END OF YEAR	<u>\$45,551</u>	<u>\$44,090</u>

CANADIAN DENTAL ASSOCIATION
THE GRIEVE MEMORIAL LECTURESHIP FUND
BALANCE SHEET AS AT DECEMBER 31, 1975

ASSETS	<u>1975</u>	<u>1974</u>
Cash	\$ 954	\$1,685
Receivable from		
General Account		42
Reserve Fund		102
Accrued interest	68	68
Government bonds and guaranteed investment certificate, at cost (market value 1975, \$4,488, 1974, \$4,701)	<u>5,343</u>	<u>5,343</u>
	<u>\$6,365</u>	<u>\$7,240</u>
LIABILITIES		
Payable to the Reserve Fund		\$ 879
SURPLUS		
Surplus	<u>\$6,365</u>	<u>6,361</u>
	<u>\$6,365</u>	<u>\$7,240</u>

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS
YEAR ENDED DECEMBER 31, 1975

	<u>1975</u>	<u>1974</u>
Revenue		
Investment interest	\$ 288	\$ 287
Bank interest	<u>24</u>	<u>20</u>
	312	307
Expenditure		
Orthodontic Section of Canadian Dental Association	<u>308</u>	<u> </u>
SURPLUS FOR THE YEAR	4	307
SURPLUS AT BEGINNING OF YEAR	<u>6,361</u>	<u>6,054</u>
SURPLUS AT END OF YEAR	<u>\$6,365</u>	<u>\$6,361</u>

CANADIAN DENTAL ASSOCIATION
FEDERATION DENTAIRE INTERNATIONALE
WORLD DENTAL CONGRESS
BALANCE SHEET AS AT DECEMBER 31, 1975

ASSETS		<u>1975</u>	<u>1974</u>
Cash			\$2,016
Prepaid expenses - 1977 Congress		<u>\$6,737</u>	<u>1,984</u>
		<u>\$6,737</u>	<u>\$4,000</u>
LIABILITIES			
Bank overdraft		\$1,278	
Accounts payable to the National Convention		1,459	
Loan payable to the National Convention		<u>4,000</u>	<u>\$4,000</u>
		<u>\$6,737</u>	<u>\$4,000</u>

CANADIAN DENTAL ASSOCIATION

NATIONAL CONVENTION

BALANCE SHEET AS AT DECEMBER 31, 1975

	ASSETS	<u>1975</u>	<u>1974</u>
Cash		\$ 1,977	
Guaranteed investment certificates			\$45,000
Receivable from			
General Account		2,275	219
Federation Dentaire Internationale		1,459	
Accounts receivable		100	2,202
Prepaid expenses		1,100	4,087
Loan receivable, Federation Dentaire Internationale			
World Dental Congress		4,000	4,000
Furniture and fixtures, less accumulated depreciation		<u>2,494</u>	<u>2,806</u>
		<u>\$13,405</u>	<u>\$58,314</u>
	LIABILITIES AND SURPLUS		
Bank overdraft			\$ 5,624
Accounts payable		\$ 505	4,024
Advance payments for 1976 Convention		<u>1,400</u>	
Total liabilities		<u>1,905</u>	<u>9,648</u>
Surplus		<u>11,500</u>	<u>48,666</u>
		<u>\$13,405</u>	<u>\$58,314</u>

CANADIAN DENTAL ASSOCIATION

NATIONAL CONVENTION

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1975

	<u>1975</u>	<u>1974</u>
Revenue		
Registration fees - dentists and wives	\$ 42,252	\$ 61,375
Exhibit space sales		53,650
Tickets - President's party	11,625	5,775
Tickets - other functions	12,007	2,401
Interest earned	<u>3,212</u>	<u>4,912</u>
	<u>69,096</u>	<u>128,113</u>
Expenditure		
Shipping and mailing	1,025	4,039
Clinician honoraria and expense	8,346	5,703
Clinic equipment and facilities	2,082	4,114
Cost of exhibits		12,687
Registration facilities	2,721	2,001
Printing and promotion	12,595	18,038
Social functions	42,185	30,164
CDA Section grants		1,520
Temporary help	839	1,612
Security services	2,290	2,000
Headquarters services, including transfers to		
General Account Revenue, \$24,000 (1974, \$28,000)	24,065	29,220
Bank charges	23	886
Telephone and telegraph	743	393
Translation	700	545
Travel	8,119	1,615
Installation lunch		4,750
Depreciation	312	312
Miscellaneous expenses	<u>217</u>	<u>500</u>
	<u>106,262</u>	<u>120,099</u>
SURPLUS (DEFICIT) FOR THE YEAR	(37,166)	8,014
SURPLUS AT BEGINNING OF YEAR	<u>48,666</u>	<u>40,652</u>
SURPLUS AT END OF YEAR	<u>\$ 11,500</u>	<u>\$ 48,666</u>

HEALTH CARE

MEMBERS: R.C. Dickson, Chairman, Drumheller; D.E. MacFarlane, Vancouver; P.J. Kirby, Edmonton; J.D. MacKay, Saskatoon; B. Goldberg, Winnipeg; R.J. Sexton, Islington; J. Belanger, Montrea; D. Williams, New Brunswick; D.A. Eisner, Halifax; J.R. Robertson, Summerside; D. Jackman, Grand Falls

R E P O R T

RESOLVED

That the Report of the Council on Health Care be considered by the Executive Council.

Adopted

HOSPITAL SERVICES

MEMBERS: S.M. Claman, Chairman, Winnipeg; J.H.P. Main, Toronto;
R. Mulrooney, Toronto; A.G. Parnell, London;
P. Surprenant, Sherbrooke

R E P O R T

MEETINGS

1. The Council met at C.D.A. Headquarters on February 23 & 24, 1976. Dr. M. Cornitsky attended as an observer representing the Quebec Hospital Services Committee.

Dr. Claman represented Manitoba in the dual capacity of Council Chairman and as the Manitoba observer.

All provincial bodies were invited to send observers representatives at their own expense. Only two responded by designating members, the others acknowledged the invitation but did not send observers.

RECOMMENDATION

Efforts should be made to encourage wider representation by continuing to invite provincial representatives and perhaps by giving considerations to a broader geographic representation on the Council.

SURVEY OF HOSPITAL SERVICES AND ACCREDITATION STATUS

2. Council received applications from the following hospitals for evaluations of internships/residencies and/or dental services; these surveys were performed during the past year:

- (1) Dr. Charles A. Janeway, Child Health Centre, St. John's
- (2) University Hospital, London
- (3) Royal Victoria Hospital, Montreal
- (4) St. Joseph's Hospital, London
- (5) Toronto Western Hospital, Toronto
- (6) Health Sciences Centre (General) Winnipeg
- (7) Vancouver General Hospital, Vancouver
- (8) Izaak Walton Killam Hospital, Halifax

3. Postponements of surveys or extensions for one (1) year were granted to the following hospitals:

- (1) Vancouver Childrens' Hospital, Vancouver - Dental Service
- (2) Montreal Childrens' Hospital - Dental Services & Internship
- (3) Health Sciences Centre (Childrens') Winnipeg - Dental Service & Internship.

HOSPITAL SERVICES

RECOMMENDATION

That these hospitals are to be surveyed in time for review of the 1977 meeting of the Council. Council approved this recommendation.

4. As of May 1, 1976, the following hospital dental services and/or internships/residencies have been surveyed by the Canadian Dental Association Council on Hospital Services and have the status indicated. Additional information may be obtained by requesting the required details in writing from the secretary.

<u>Name of Hospital</u>	<u>Accreditation Award</u>
NEWFOUNDLAND	
Dr. Charles A. Janeway, Child Health Centre, St. John's	Approval
NOVA SCOTIA	
Izaak Walton Killam Hospital	Approval
Victoria General Hospital	Approval
QUEBEC	
Centre Hospitalier Notre Dame, Montreal	Approval
Centre Hospitalier St. Vincent de Paul, Sherbrooke	Approval
Jewish General Hospital, Montreal	Approval
Montreal Childrens Hospital, Montreal	Approval
Montreal General Hospital, Montreal	Approval
Royal Victoria Hospital, Montreal	Approval
St. Mary's Hospital, Montreal	Approval
Youville Hospital, Sherbrooke	Approval
ONTARIO	
Doctors Hospital, Toronto	Approval
Hamilton Civic Hospital (General), Hamilton	Approval
Hospital for Sick Children, Toronto	Approval
Mount Sinai Hospital, Toronto	Approval
Ottawa Civic Hospital, Ottawa	Approval
St. Joseph's Hospital, London	Approval
Sunnybrook Hospital, Toronto	Approval
Toronto General Hospital, Toronto	Approval
Toronto Western Hospital, Toronto	Approval
University Hospital, London	Approval
Victoria Hospital, London	Approval

HOSPITAL SERVICES

<u>Name of Hospital</u>	<u>Accreditation Award</u>
MANITOBA	
Deer Lodge Hospital, Winnipeg	Approval
Health Science Centre, Winnipeg	Approval
BRITISH COLUMBIA	
Childrens' Hospital, Vancouver	Approval

SURVEY OF INTERSHIPS AND RESIDENCIES

5. As of May 1, 1976 the following list comprises of those programs which are presently accredited:

<u>Name of Hospital</u>	<u>Accreditation Award</u>
QUEBEC	
Centre Hospitalier Notre Dame, Montreal: rotating dental internship	Approval
Centre Hospitalier St. Vincent de Paul Sherbrooke: rotating dental internship	Approval
Jewish General Hospital, Montreal: rotating dental internship	Approval
Montreal Childrens' Hospital, Montreal: straight internship pedodontics*	Approval
Montreal General Hospital, Montreal: rotating general internship	Approval
St. Mary's Hospital, Montreal: rotating dental internship	Approval
Youville Hospital, Sherbrooke: Rotating dental internship	Approval
ONTARIO	
Toronto General Hospital, Toronto: rotating dental internship	Approval
Toronto Western Hospital, Toronto: rotating dental internship	Approval
MANITOBA	
Health Science Centre (Childrens'), Winnipeg: straight internship pedodontics*	Approval

*Approval does not constitute approval of
post graduate speciality training program.

HOSPITAL SERVICES

FUTURE SURVEYS

6. Surveyors have been selected for twelve institutions as of May 1, 1976. There may be up to ten (10) more applications surveys processed prior to the 1977 Council meeting. These surveys will include both re-surveys and initial surveys of services and internship/residency. Surveyors are appointed by selection from lists submitted by existing provincial hospital service committees.

RECOMMENDATION

Because requests for accreditation surveys are increasing and because accreditation is gaining more and more importance, provincially, nationally and internationally, it is recommended that an adequate budget be provided to allow for additional council meetings if required and to allow broader selection of surveyors and to help avoid excessive demands on individual surveyors for geographic reasons.

HOSPITAL PRIVILEGES

7. Council was presented with information that efforts are being made to limit privileges of dentists, particularly oral surgeons, at certain hospitals. Council after due deliberation on the matter instructed the council secretary to express disagreement with such activities.

RECOMMENDATION

Because there are regular requests from provincial licensing bodies, various hospitals and individual dentists, asking for guidance from the Canadian Dental Association in the determination and delineation of privileges in hospitals and because these enquiries may influence both dental and oral surgical practice as well as third party insurance benefits, the C.D.A. through the Council on Hospital Service should develop an official stand on such matters.

CANADIAN COUNCIL ON HOSPITAL ACCREDITATION

8. Because of a change in personnel at the C.C.H.A. and in the Council of Hospital Dental Services, discussions with the C.C.H.A. are to be resumed to review and consolidate methods of mutual assistance in the accreditation of dental

HOSPITAL SERVICES

facilities in Canadian Hospitals. The report tabled in 1975 is to be discussed and updated. The Council Chairman will meet with the C.C.H.A. representatives during 1976-77.

DENTISTRY IN EXTENDED CARE CENTER

9. A survey by Dr. A.G. Parnell on this topic has been completed. Only Newfoundland, Ontario, Nova Scotia, Alberta, Saskatchewan replied to the survey, however the results indicate a large unmet need in this area of health care. Dr. Parnell in consultation with Dr. Martinello has charted the results and has agreed to prepare an article for publication in the C.D.A. Journal. Copies of the report will be presented to the Board of Governors.

SURVEY DOCUMENTS AND METHODOLOGY

10. Provincial Hospital Service Committees have been surveyed requesting comments on the documents and methods utilized in the service and internship surveys. All the replies are not in yet, those that have been received indicate approval of the methods now employed.

GUIDELINES FOR HOSPITAL DENTAL SERVICES IN HOSPITALS

11. There is a requirement for clarification of the term "Audit Committee". This explanatory note is being prepared for future guidelines.

REVISION OF ACCREDITATION DOCUMENTATION FOR DENTAL INTERNSHIPS

12. The original revision was prepared and presented by Dr. Surprenant. It is a detailed document and will be very useful in future surveys. It is being revised further and will be available for final review and approval for the 1977 meeting of Council.

SPECIAL CARE UNITS IN HOSPITALS

- 13 (a) The Council on Hospital Dental Services has been asked to review a federal government booklet on Special Care Units. Dr. Claman is preparing the review and comments to be presented to Dr. R.A. Armstrong, Director General of Health Insurance, Health Programs Branch, Health & Welfare, Canada.
- (b) Two appointees, Dr. S. Silver of Montreal and Dr. Ed Cole of Winnipeg, were presented to Dr. Armstrong as C.D.A. representatives on the subgroup studying hospital dental units.

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PROFESSIONAL COUNCIL

14. After detailed discussion on this topic and the effects such a group might have on a national, international, and academic level, it was decided that the Council does not support formation of the Professional Council.

RESOLVED

That the Council on Hospital Services Chairman be directed to advise Dr. R. Gray, Chairman of the Ad Hoc Committee for the Professional Council of this decision. This has been done.

COUNCIL MEMBERSHIP

15. Council discussed the make up of its present membership, as a result it makes the following recommendation to the Board of Governors:

That the membership of the Council on Hospital Services be more representative of the province than it is now constituted and that in future, representatives be chosen from five provinces for the five seats available.

CHAIRMAN'S REMARKS

16. The role of the Council has become increasingly important and will continue to do so with the possible future cooperation between this Council and the Canadian Council on Hospital Accreditation. The influence of the Council on hospitals and hospital attitudes towards dental services is evident in the quick reaction by certain teaching centres where accreditation had either lapsed or was withdrawn. Through this Council a strong and hopefully beneficial relationship is developing with hospitals providing services and training. Jointly with the Council on Education, dental health care standards can be steadily improved maintaining high quality surveys, providing guidance to agencies requesting information and advice and by continuing to act for the good of the public, the profession, and the various institutions. I wish to thank all those persons, Council members, the secretariat, and Dr. McIntosh for their assistance in carrying out the functions of the Council and for their help in my first year as Chairman of the Council.

The recommendation included in this report are received as information.

HOSPITAL SERVICES

The Board then made the following recommendation:

RESOLVED

That whereas each province has its own acts governing the practice of dentistry in hospitals and

Whereas each province has its own acts governing the training of interns.

That the whole subject of hospital accreditation be reviewed in concern with the corporate members in an attempt to redefine roles and responsibilities and develop a system for accreditation of hospital dental services which meets the demands of all corporate members.

The Board is concerned and recommends that the C.D.A. solicit the opinions of the corporate members on the whole subject of accreditation of hospital dental services.

Adopted

INFORMATION SERVICES

MEMBERS: W.B. Chapple, Chairman, Port Hope; M.D. Charendoff, Toronto; C. Chicoine, Montreal; K.L. Croft, Vancouver; and A.E. Macleod, Halifax

R E P O R T

COUNCIL MEETINGS

1. The Council held only one, half-day meeting on November 21, 1975, which was combined with a half-day meeting of the Chairman of each of the provincial Dental Health Week programs.
2. The Chairman of Dental Health Week also met on January 17, 1976 constituted as the Sub-Committee on Preventive Care Dentistry. For the first time, the group pooled expenses on a "shared cost" basis at an average cost of \$204.50.

FILMS

3. The Association's 14 films continued in circulation during the year 1975. As of December 31, Modern Talking Picture Service Inc. reported 558 showings to 19,527 viewers. The 1975 cost to the Association was \$2,714. No films were produced or purchased this budget year. The decision to purchase the new American Dental Association film on fluoridation was postponed until funds were available.

RADIO ANNOUNCEMENTS

4. New radio commercials were developed for Dental Health Week 1975. As a result, several thousands of dollars in air time were donated, according to Dental Health Week chairmen. In error, the Bureau file on radio time was discarded and we have no record of actual amounts. As a comparison \$6,264 was donated in 1976 for Dental Health Month.

TELEVISION FILM CLIPS

5. Utilizing the Association's regular film clips and master video tapes produced by the Order of Dentists of Quebec and adapted for Dental Health Week, television stations in Canada donated \$19,065 in free air time.

1975 CONVENTION COVERAGE

6. Once again this year, the Bureau of Public Information operated the press room for the National Convention. The response of the local press at St. John's, Newfoundland was very good. In all,

INFORMATION SERVICES

108 column inches of space was received including good coverage nationally of the installation of the president and election of the president-elect. A number of radio and television interviews were handled by Convention and Association officers.

NEWSPAPER COLUMNS

7. The Association continues to supply 204 weekly newspapers with prepared columns for Dental Health Topics. Requests were received from a few new weekly newspaper editors requesting that they be added to our service.

VOLUNTARY MEMBERSHIP DRIVES

8. Responsibility for this function in 1975/76 was taken over by the Executive Council under Dr. R. Moran for Ontario and Dr. S. Silver for Quebec.

DENTAL HEALTH MONTH FEBRUARY 1976

9. This year it was decided by the provincial chairmen under the direction of the Council chairman, to hold a month-long Dental Health program to replace the "week" which has been the norm for the past few years. It was felt the additional time would permit each province and chairman to plan activities at times which were most appropriate for that particular province, region or city and to take advantage of times when volunteers were most available.
10. A very successful Dental Health Month resulted, with provincial chairmen reporting the spread of the Smile-a-thon idea and more poster contests. As an expedient, the Association arranged with the Order of Dentists of Quebec to use last year's materials again. These were ordered in bulk by the Association with the participating provincial chairmen paying for their share of the order.
11. The Bureau of Public Information prepared Planning Kits for distribution through provincial chairmen to all sub-committees and distributed a set of radio announcements to every radio station in Canada.

C.D.A. SEAL OF RECOGNITION

12. The Council recommended in November 1975 that three (3) signatures plus one other be used in the approval of advertisements which carry the C.D.A. Seal of Recognition. The signers are now: the Executive Director, President, Chairman of the Council on Information

INFORMATION SERVICES

Services and one (1) other appointed by the Chairman of the Council. The Chairman appointed Dr. Mel Charendoff, a member of Council, as the other signatory.

13. The Council recommended:

that if any company approached the C.D.A. for the Seal of Recognition that a qualified delegate should be assigned to survey the company's materials and report back to Council.

The Board disagrees and recommends as follows:

RESOLVED

That if any applications for the Seal of Recognition are received, these should be forwarded to the Committee on Dental Materials and Devices, who will report to Executive Council

Adopted

14. The Council further recommended:

that any request for the C.D.A.'s Seal of Recognition be considered only if the party in question agrees to underwrite any expenses incurred by the C.D.A. in investigating the validity of that party's claim.

RESOLVED

That this recommendation be adopted

Adopted

15. Further, the Council recommended:

that Colgate and Procter and Gamble be requested to fund the expenses together to send a qualified dental representative to the American Dental Association's testing facilities to review their research and report back to the Council.

RESOLVED

That this recommendation be adopted

Adopted

INFORMATION SERVICES

16. Suggestions were made about how best C.D.A. could benefit from the use of its seal. These included possible funding of test facilities or the underwriting of some of the public dental health pamphlets which the Association wishes to produce.

SEAL OF RECOGNITION GUIDELINES

17. A revised version of the C.D.A. guidelines for the use of companies which use the Seal of Recognition have been developed. These guidelines are still being studied by the companies concerned and have therefore not yet been adopted. Monitoring of advertising continues under the present set of guidelines.

PAMPHLETS

18. The Association continues with its regular stock of dental health pamphlets. The Ontario Dental Association was approached for permission to reprint their "Mouthguard" pamphlet. This was received along with the information that this version is to be revised. This being so, no further action was taken.

P & G TEST MARKET PROGRAM

19. The Chairman of the Council and the Public Information Officer were requested by the Executive Council to be the liaison with Procter and Gamble on a "no name - no brand" advertising test. The project was accepted by the Executive Council on the recommendation of the Chairman and the Information Officer, as well as the Executive Director. The full Council now is awaiting the results of Procter and Gamble's own management decision on whether to proceed with the trial.

SUB-COMMITTEE ON PREVENTIVE CARE DENTISTRY

20. The Sub-committee held two (2) meetings, November 21, 1975 and January 17, 1976. During the November meeting, the Five Year Preventive Plan was given to all provincial Dental Health Month chairmen, with instructions to take the document to their individual executives for comments. In January, they again met to discuss the project in total.
21. Because of differences of opinion on funding as well as philosophical approaches to the direction of the program, it was discontinued. However, it was decided that the Sub-Committee would continue to review Dental Health Month on a yearly basis and to share their resources as before.

INFORMATION SERVICES

22. The Sub-Committee will also develop national standards in the area of preventive dental teaching to the public and formulate ways to reach outside agencies in order to influence these agencies to use the same standards.

NINTH INTERNATIONAL CONFERENCE ON HEALTH EDUCATION

23. The Council on Information Services represented the Association as a co-sponsor at the 9th International Conference on Health Education, in Ottawa, August 29 to September 3, 1976.
24. As part of the task of developing the scope and direction of the Conference, it was suggested that a submission to the scientific program would be appreciated. Dr. J.A. Hargreaves, Head of the Department of Pedodontics, Faculty of Dentistry, University of Toronto was contacted to provide the expertise in this area.
25. As part of the presentation, video tapes from the Faculty of Dentistry, University of Toronto were presented as part of the audio visual demonstrations and workshops at the Conference.

FLUORIDATION OFFICER

26. Fluoridation often prompts correspondence from many parts of Canada. Since August 1975 the Fluoridation Officer, Lloyd H. Bowen, has been called on by dentists and others to answer questions on such subjects as fluoride and cancer, the U.S. Safe Drinking Water Act, the attitudes in Sweden, the Netherlands and elsewhere, and very often for basic information on effectiveness, safety, costs and savings. This means continual revision and updating of information on file.
27. Recently we have given special assistance to Saskatchewan, Newfoundland and British Columbia. The new World Health Organization resolution was sent to Ottawa and distributed to the provinces at our request. The other day the American Water Works Association revised their position statement with some help from us.
28. The Environmental Toxicology Division of Health and Welfare Canada gave telephone assurance that they want Mr. Bowen to update the report "Fluoridation in Canada" to the end of 1976 (instead of 1975). This will assure as good a report as possible about Canada to present to the World Dental Congress of the F.D.I. in Toronto in October 1977.
29. The Ontario Dental Association has kindly agreed to give Mr. Bowen working space in their Toronto office, at 234 St. George Street, "as long as he is a salaried employee of the Canadian Dental Association".

INFORMATION SERVICES

RESOLVED

The Board wishes to express to Mr. Lloyd Bowen its deep appreciation of his work in the field of fluoridation on behalf of the C.D.A.

Adopted

The Board expresses its appreciation to the Ontario Dental Association for providing office space for Mr. Lloyd Bowen as their contribution to the Fluoridation Program.

RESOLVED

That the C.D.A. Guidelines in Consumer Advertising and Promotional Material for Dentifrices Recognized by C.D.A. be referred to Executive Council.

CDA/CDSPI AD HOC COMMITTEE

MEMBERS: J.E. Durran, Chairman, Hamilton; M.J. Crompton, Moncton;
R.A. Gray, Medicine Hat; R.L. Moran, Toronto;
R. Rasmussen, Calgary; J.C. Giguere, Quebec; and
Dr. H.L. Mussells, Montreal

R E P O R T

1. The primary function of any Association sponsored group benefit plan must be to provide the members of that Association with the maximum benefits obtainable, in the most efficient manner.
2. Some years ago, the C.D.A. began to offer and sponsor various insurance and retirement savings programs. The growth of these benefit plans; the need for better and more well-defined administrative control of these plans; the need for improvement in the relationships of the concerned Associations; and finally, the need for improved communication and accountability to all involved Dental organizations; all of the foregoing have made it necessary to reexamine the Benefit Plan delivery, development and administration and come forward with the proposals for changes where necessary. Therefore, this Ad Hoc Committee was set up, at the direction of the C.D.A. Executive Council. The terms of reference are as follows:

That this Ad Hoc Committee shall:

- (a) include three (3) members from C.D.S.P.I. and three (3) members from C.D.A., two (2) of whom will be from the C.D.A. Executive and one (1) from the Insurance Council.
 - (b) investigate areas of overlapping interests and report to Executive of C.D.A. and C.D.S.P.I. Boards.
 - (c) be instructed to investigate, in depth, the total ramifications of computerization as to loss of control, portability, practicability, management and effect on the C.D.S.P.I., together with confidentiality of records.
 - (d) investigate the budget and funding of the activities of the Insurance and Investment Council.
 - (e) examine the system by which C.D.A. provides insurance to its members outlining C.D.S.P.I.'s role in this system.
3. The Committee, with the approval of the C.D.A. Executive Council, appointed Harriott and Associates of Canada Ltd., Winnipeg, Man. as Consultants to carry out specific assignments.

CDA/CDSPI AD HOC COMMITTEE

4. As the Ad Hoc Committee studied the various resource documents which became available, it became obvious that we had to develop a concept which would streamline the entire operation and eliminate the overlapping of duties, functions and lack of communication between concerned groups.

Moreover, the Committee was very concerned about developing a system which could realize the objectives of all participants, while assuring them that the appropriate controls and safeguards were included which would allow them to permit the system to operate without political overtones. We believe that our recommendations, as submitted, will accomplish this.

In summary, the recommendations of the Ad Hoc Committee are as follows:

- (a) Combine the activities of the C.D.A. Council on Insurance and Investments and the C.D.S.P.I. and create a new vehicle using the name C.D.S.P.I.
- (b) Establish the order of authority and accountability as diagrammed in the attached chart.
- (c) Start the necessary procedures to clearly establish the relationships and responsibilities between the policy or plan vendors and the national associations and the provincial associations.
- (d) Return complete control on all benefit plans to the association. (see section on computerization)
- (e) Recommend acceptance of an agreement between the C.D.A. and the corporate or provincial members as detailed subsequently.
- (f) Recommend approval of the "C.D.A. Benefit Plans Agreement" as recorded separately.
- (g) Recommend acceptance of the Contractual Agreement between C.D.A. and C.D.S.P.I. as attached.
- (h) Restructure the C.D.S.P.I. Board.

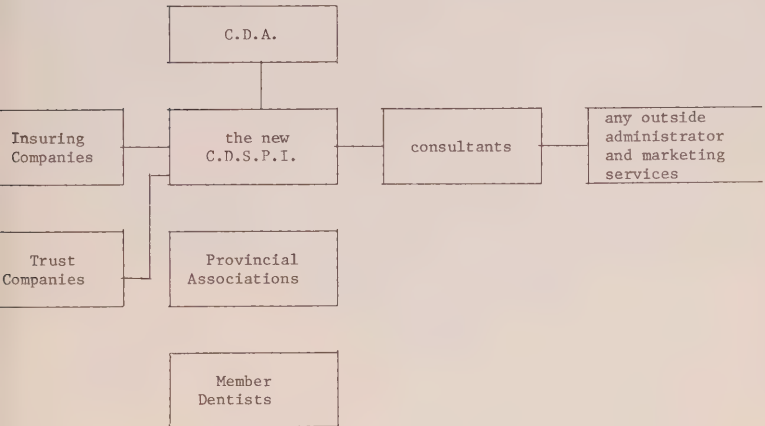
Comment on Recommendations

5. (a) Consultants to the Committee were strong in the opinion that one body should be doing the work of the "Benefit Plan Committee" of the Association. The name of the committee which is responsible to the C.D.A. is not important, except as it relates in the minds of the participants. Therefore, the Committee recommended the retention of the name C.D.S.P.I.

As mentioned in the introduction to this report, it became obvious to the Committee that efficiency and responsibility required that one "body" be established which had complete responsibility for all "Benefit Plan" business. Moreover, if the participants are to realize the maximum benefit, the organization which is structured to deliver these benefits must have clearly defined responsibilities. The Ad Hoc Committee believes that the "Contractual Agreement between C.D.A. and C.D.S.P.I." assures this.

Further, the Committee believes that it is time for all concerned representatives to realize that the "Benefits Plans" exist for the profit of the participants, and, if a fail - safe system of reporting and communicating is established, the previous concerns with regard to this program should disappear. We believe that the undertakings proposed for the C.D.A., the new C.D.S.P.I. and the Corporate or Provincial bodies assure this result.

- (b) The order of authority or accountability as I see it is as follows:



When the organization chart is studied at the same time as the responsibilities of C.D.A., C.D.S.P.I. and the Provincial and Corporate organizations, then the Committee believes that the rationale for this arrangement becomes evident. All relationships will provide for communication and accountability in both directions i.e. upstream and downstream.

- (c) At the outset, this recommendation means that it is mandatory that the Master Policy and other Plan Agreements be between the C.D.A. and the policy and plan vendor. Provincial and Corporate protection is provided by the ability to opt out with due notice. The flow of information which is predicted will enable each Plan Member (Corporate or Provincial) to assess his particular performance and the performance of the Plan on a quarterly basis. (See information to be disseminated by C.D.A.)

Motion passed by the Ad Hoc Committee:

"That all Master Policy and other plan agreements be between the C.D.A. and the policy or plan vendor. Further, that a separate agreement between the C.D.A. and its various individual corporate members be established. This last contract would contain the necessary provisions that would provide each province or corporate member with the security, and/or power, and information dissemination it may require, and also clearly set out the roles to be played by and between the C.D.A., the corporate or provincial members and C.D.S.P.I.

- (d) In order to have complete control of all benefit plans, the Association, through its contract with C.D.S.P.I., must have complete records of all participants in the Plans. This means that any form of computerization must be controlled by C.D.S.P.I. At the moment, this is not the case and it has been a difficult task to regain control of all participant records which were computerized under the Hallmark system. C.N.A. has now agreed to print out status reports on all participants on a quarterly basis. Our consultants attached the highest priority to the retention of this information and they described the very real dangers which result from loss of control of records. This must not be allowed to recur.

The fact remains that computerization was and is a necessity in order to efficiently manage the number of accounts which

are administered at C.D.S.P.I. However, the computerization must be done in such a manner that it is compatible with the retention of all records for the Association.

(e) C.D.A. - CORPORATE OR PROVINCIAL RESPONSIBILITIES AGREEMENT

1. Each province will specify which one of its dental organizations will be responsible for the benefit programme in that province.
2. Form a benefit committee.
3. Dissemination of information regarding pensions and plans.
4. Encourage participation.
5. Respect for confidentiality when required.
6. Provide information re provincial needs and concerns.
7. Provinces will provide twelve months' notice prior to the anniversary date for withdrawal from any agreements regarding policies or plans.

Comment - This proposed agreement is self-explanatory with the possible exception of point 5, which refers to the fact that Plan Benefits etc. are confidential to the entire group and not to be used as a basis for negotiation with other carriers on a Provincial level.

The continued success of all Benefit Plans depends, in large measure, on the ability of those supporting the plans to encourage participation by a large number of new members. The consultants have emphasized in private conversations that the health of the Plans is dependent on younger age groups moving into the Plans each year. This is an important task for all concerned.

(f) * C.D.A. BENEFIT PLANS AGREEMENT

1. C.D.S.P.I. shall represent the C.D.A. in all benefit programmes.
2. The C.D.A. shall disseminate to the benefits committee of each province and C.F.D.S. in an updated annual report information as required regarding:
 - (a) Benefit plan content
 - (b) Benefit changes

- (c) Retention funds
 - (d) A review of plan experience
 - (e) Activity listings showing participants, benefits and premiums, etc. by provinces.
3. C.D.A. will make an annual presentation to provincial and C.F.D.S. benefit representatives.
 4. C.D.A. will encourage participation in the plans.

* Insurance and Investment, etc.

Activity listings, by provinces, will probably be available on, at least a quarterly basis, which should encourage the provincial and National Committees to promote whenever possible.

(g) CONTRACTUAL AGREEMENT BETWEEN C.D.S.P.I. AND THE C.D.A.

1. C.D.S.P.I. shall be the body representing C.D.A. in all areas of member benefit matters and shall be answerable and accountable to C.D.A. for all its actions.
2. C.D.S.P.I.'s duties shall include:
 - (a) Developing the various kinds of benefit plans for presentation to the dental profession in this regard:
 - (i) Negotiate premium costs, commissions and other charges, insurer's retention and plan provisions to determine the most favourable net costs commensurate with the required service, and then select the appropriate insurance or other companies and trustees and finalize contracts with them after approval of the C.D.A.
 - (b) Periodically review, study and approve existing benefit plan contracts, wordings and forms to insure that the C.D.A. benefit plans are kept current and competitive. Change in plan philosophy must be approved by C.D.A. Administration changes would normally be dealt with by C.D.S.P.I. All administrative changes would need ratification by C.D.A. and C.D.S.P.I. respectively.

- (c) Review the experience of each benefit plan, at least, annually and negotiate on behalf of C.D.A. any dividends and/or experience ratings accruing therefrom and recommend to C.D.A., the disposition of any such funds.
 - (d) Administration of retention funds through a trust agreement with the C.D.A.
 - (e) Develop an effective administrative service to serve the dental profession and this administrative service to include:
 - (i) The collection of all premiums and contributions for the various benefit plans and the appropriate disbursements of these funds.
 - (ii) The maintenance of records of all participants that current reports will be available at any time showing the details of each participant's programmes, group experience or any other areas that may be of concern.
 - (iii) Involvement in the settlement of all insurance claims and generally acting as a liaison between the insureds and the insurers in this regard.
 - (iv) Answering all questions on insurance coverage, RRSP's accounting and claims to participants as requested.
 - (v) Providing assistance where or when required in the deregistration of RRSP's and in the purchase of annuity contracts.
 - (vi) Providing the necessary annual cost accounting for each benefit plan as well as a consolidated annual statement.
 - (f) Exercise guidance and control over the promotion and merchandising of all association sponsored plans.
 - (g) C.D.S.P.I. will negotiate the cost of services provided to the C.D.A. This will include the "withhold" from premium dollars and the use of retention monies for administration, consulting and merchandising.
3. It is understood that while C.D.S.P.I. will be responsible to C.D.A. for all functions previously delineated, C.D.S.P.I. may at their discretion determine which of these functions they may wish to perform within C.D.S.P.I. offices and which of these functions they may wish to

CDA/CDSPI AD HOC COMMITTEE

contract out in order to maximize the service and efficiency of the total programme for the benefit of the dental profession.

Comment - This section is self-explanatory

- (h) The Committee recommends that the C.D.S.P.I. Board be composed of six (6) members. The composition of the Board is suggested to be as follows:

One from British Columbia
One from Alberta, Saskatchewan, and
Manitoba
One from Ontario
One from Quebec
One from Atlantic Provinces
One from C.D.A.

Representatives to the Board are to be elected or appointed by the respective Provinces or regions. It is hoped that the Board members would have prior experience on their Provincial benefit committees.

Representatives should have a reasonable tenure. Terms of three (3), three (3) year terms are suggested for a maximum of nine (9) years. In order to maintain continuity, this suggestion would have to be modified at the outset. This arrangement should await legal advice. If a region or province wishes to withdraw their representative they can replace him with another, but the term, only, would be fulfilled.

6. The Committee wishes to draw attention to the fact that representation on the Board has not tried to satisfy any of the requirements generally associated with "representation by population" or "representation by participation". Rather, the Committee is satisfied that when the operation of the Benefit Plans is considered as a "business operation" for the "profit" of the individual participants, there is no need for the political considerations which have existed in past times. The new entity will have to satisfy all concerned groups that it is operating in the best interests of all and it can do that by means of adequate reporting to Provincial and Corporate Benefit Committees, while at the same time operating within the terms of the agreements which have been recommended.

CONCLUSIONS

7. This report reflects the opinions of the members of the Ad Hoc Committee who were requested to perform specific tasks. It has taken the form of a developing concept which can be

translated into action by the "groups" concerned. The Committee believes that it has developed a philosophy for the continued successful operation of the "Association-sponsored group benefit plans" which incorporates the necessary controls and guidelines. It also believes that the philosophy can be applied to any aspect of the Insurance or Investment programs which are presently operated. The Committee lays no claim to infallibility and will welcome all constructive criticism from whatever interested parties.

Executive Council agrees with a restructuring of the C.D.S.P.I. Board of Directors and recommends that the C.D.A. and the Corporate Members develop a formula for representation during the next year to be reported at the annual meeting of the C.D.A. Board of Governors.

The Board agrees.

RESOLVED

That the Executive Council of the C.D.A. appoints the Finance Committee to be trustees of the C.D.A. insurance premium stabilization fund for a period of one year and further that a trust agreement be drafted between the trustees of the fund and the C.D.A.

Adopted

RESOLVED

That whereas the insurance program has been reviewed by the CDA/CDSPI Ad Hoc Committee and

Whereas the programs themselves have not been changed for one year, and

Whereas the investment program requires review, and

Whereas the C.D.S.P.I. Board has the necessary information available to it for study.

Be it resolved that the C.D.S.P.I. Board be appointed as an interim Insurance and Investment Council until the next annual meeting of the C.D.A.

Adopted

CDA/CDSPI AD HOC COMMITTEE

RESOLVED

That Whereas there is a need to establish a formula of representation on the C.D.S.P.I. Board of Directors, the Executive Council recommends that the previous recommendation be amended by the following:

Moved that representation on the Board be as follows: one (1) from British Columbia, one (1) from Atlantic Provinces; one (1) from Quebec, two (2) from Ontario, one (1) from Manitoba, Saskatchewan, Alberta, one (1) from C.D.A.

Adopted

RESOLVED

That the Terms of Reference of the Interim council of Insurance and Investment (C.D.S.P.I. Board) will be the amended terms of reference of the C.D.A. Council on Insurance and Investment as they appear in the Report of the Council on Constitution and By-laws, Article 14, Section 4(9) i to x.

Adopted

Respectfully submitted,

J.E. Durran (Chairman)
CDA/CDSPI Ad Hoc Committee

LEGISLATION

MEMBERS: J.H. Young, Chairman, Ottawa; H.C. Bugden, Ottawa;
O.H. Phillips, Ottawa

R E P O R T

1. The Registrars of all Provincial Boards, the National Dental Examining Board and the Royal College of Dentists of Canada have, as usual, been most co-operative in providing information to this Council for this annual report.
2. A meeting of the Council was held on the 17th of May, to review the information received to date, and to consider recent Federal legislation of particular interest to dentistry.
3. The following is a summary of the provincial reports, listed geographically from east to west. Reports from the National Dental Examining Board, the Royal College of Dentists of Canada and pertinent Federal legislation are also included.

NEWFOUNDLAND

4. No legislation has been introduced in the Newfoundland House of Assembly during this past year that pertains to dentistry.
5. The Advisory Committee on the form which legislation concerning denturists should take has completed its work, and submitted its report to the Minister of Health. Action on the report is unlikely during the current session.

PRINCE EDWARD ISLAND

6. The Dental Association of Prince Edward Island report no changes in legislation, neither current nor impending, at this time.

NOVA SCOTIA

7. The amendments to the Dental Act, as reported in 1975, have been approved and passed. These amendments will -
 - (a) Give the Nova Scotia Dental Assoc. the authority to financially back a line of credit with any chartered bank in order to underwrite and financially back the activities of the Nova Scotia Dental Services Inc., the professionally sponsored dental service corporation.
 - (b) Enable them to change the time period of collecting payment from delinquent members from two years to a period of ninety days, in keeping with other organizations.

LEGISLATION

- (c) Permit the Nova Scotia Dental Assoc. to extend the training and duties of the dental assistant to involve some intra-oral procedures, mostly preventive, and so increase productivity of more dental services to more people. To accomplish this an amendment to the Dental Act is necessary. The proposed amendment will enable the Provincial Dental Board to establish, regulate and control dental assistants, subject to approval of the Governor-in-Council.
 - (d) Provide for representation from the Nova Scotia Dental Hygienists' Assoc. on the Provincial Dental Board which regulates the activity of dentists and hygienists.
8. Governor-in-Council approval has been given to minor amendments in the Dental Hygiene Regulations and to a new set of Regulations to regulate and control dental assistants who have received the intra-oral training referred to in paragraph 7 (c).

NEW BRUNSWICK

9. The New Brunswick Dental Society has a new act before the Legislature at this time, however, at this writing no information with regard to it is available.

QUEBEC

10. Two major changes have occurred in legislation during the past year.
11. Denti-care has been extended for children to, but excluding, age 10.
12. Dental services to welfare patients - the program now covers approximately 100 different dental procedures with an allocation set by the Lt. Governor-in-Council and paid through the Health Insurance Plan.

ONTARIO

13. The Health Disciplines Act and the Regulations thereunder were proclaimed on July 14th, 1975.
14. This Act includes the legislation for the governing of not only dentists but also physicians, pharmacists, optometrists and nurses.

LEGISLATION

MANITOBA

15. The Manitoba Legislature passed Bill 52, The Dental Health Services Act, and Bill 53, The Dental Health Workers Act, during the past year.
16. Bill 52 establishes a Government dental plan and empowers the Government to employ dentists, dental health workers and other required staff under the Civil Service Act or on a special contract basis.
17. Bill 53, The Dental Health Workers Act, sets forth the rules and regulations applicable to dental nurses, dental hygienists, dental technicians and dental assistants working for the Government agency.

SASKATCHEWAN

18. An Advisory Committee on Dental Licensure was established in July 1975 by the Minister of Health. This committee is composed of -
 - (a) Chairman - Dean of Dentistry, University of Sask.
 - (b) College of Dental Surgeons of Sask., three representatives.
 - (c) Dept. of Public Health, two representatives plus a recording secretary.
 - (d) Lay representation appointed by the Government, two representatives.

Briefly the terms of reference are -

- (e) To review the present legislation for dentists, dental hygienists and dental assistants in Saskatchewan.
- (f) To review the methods and policies for licensing dentists in Saskatchewan.
- (g) To make recommendations to improve this function.

This Committee has, as yet, not concluded its study.

19. Legislation regarding denturists will be introduced into the Legislature likely in the spring or fall sessions. The proposed legislation has not been presented to the College of Dental Surgeons of Sask. as yet, however, general "position" meetings have been held.

LEGISLATION

20. During the past year one minor revision to the College By-laws was approved by our council. The period that nominations must be delivered to the Secretary, prior to the day fixed for the annual election, has been extended to twenty days from fifteen days.

ALBERTA

APPENDIX I

21. Since the last report to the Canadian Dental Association, the Alberta Legislature has approved Bill 68, which amends the Dental Association Act to permit the incorporation of dental practices.

BRITISH COLUMBIA

22. A few amendments to the Dentistry Act have been submitted to the Minister of Health.
23. The effects of the proposed amendments are to permit the College to -
 - (a) Borrow money.
 - (b) Own and operate dental clinics.
 - (c) Provide fee guides.
 - (d) Add to the voting membership of Council representatives of dental hygienists, dental assistants and specialists, and the Faculty of Dentistry.
 - (e) Require continuing education credits.
 - (f) Require malpractice insurance and provide it.
 - (g) Set examination fees (now stated in the Act).
 - (h) Specify in a disciplinary order whether or not a suspension or erasure shall be stayed pending appeal.
 - (i) To provide for automatic approval of amendments to regulations unless Cabinet disallows within 90 days filing.

NATIONAL DENTAL EXAMINING BOARD OF CANADA

24. The National Dental Examining Board of Canada has had no changes in legislation since the amendment to its Act on Dec. 21, 1973, and is not presently engaged in any legislative proceedings.

LEGISLATION

ROYAL COLLEGE OF DENTISTS OF CANADA

25. The College reports that no changes at the Federal level have taken place during the past year which affect the Royal College.

FEDERAL LEGISLATION

26. The Act, which established the Anti-Inflation Board, also permits the Anti-Inflation Board to make and amend its own regulations relative to its activities.
27. A news release, issued by the Anti-Inflation Board on April 14, 1976, suggests that province-wide fee schedules for professional fees must be approved by the Anti-Inflation Board if practitioners are to enjoy reduced reporting procedures.
28. In the event that a province-wide fee schedule secures the Anti-Inflation Board's approval, practitioners will be required to attest in a compliance form to their participation in that schedule.
29. The Budget of June 1975 contained notice to the Provinces that the Hospital Services and Diagnostic Act will be re-negotiated.
30. This Council would like to express its appreciation and thanks to all those who responded so promptly, when information was requested of them.

The report of the Council on Legislation was received as information. The Board expresses its appreciation to members of Council for their efforts.

ALBERTA DENTAL ASSOCIATION

June 15, 1976

Dr. George E. Decker, D.D.S.
Executive Director, Registrar
Suite 608, 10240 - 124 Street
EDMONTON, Alberta T5N 3W8

Dr. J.H. Young
Chairman, Council on Legislation
225 Metcalfe Street, Ste. 506
OTTAWA, Ontario K2P 1P9

Dear Dr. Young:

On June 1st the Lieutenant-Governor in Council approved various housekeeping By-law amendments, but major amendments are:

1. Group practices are no longer restricted from using the terms "clinic" and "centre". It was felt that with the medical profession, shoe repair firms and tire repair places bandying these terms about that it was ridiculous to prevent a dental group from using them.
2. A new By-law 19 was passed allowing dental students to obtain a temporary licence to practice those procedures in dentistry which they are capable of performing, while under the direct in-office supervision of a dentist. Dentists employing licencees must provide written reports to the Registrar as to the procedures the licensee has been undertaking.

Attached is the copy of the legislation.

I hope this late legislation does not inconvenience you unduly.

Yours fraternally,

Geo. E. Decker, D.D.S.
Executive Director, Registrar

GED/js

Attch'd

LEGISLATION

SCHEDULE

THE DENTAL ASSOCIATION ACT

REGULATIONS TO AMEND THE
BY-LAWS OF THE ALBERTA DENTAL ASSOCIATION

1. Alberta Regulation 325/62 as amended is hereby further amended.
2. By-law 3 of the said regulations is amended as to section (3), clause (c), sub-clause (i) by striking out sub-paragraphs j. and k. and by substituting therefor the following:

"j. A passport type photograph.

- k. Such other information as the Board deems necessary. Change of address shall be maintained in the annual list of members."

3. By-law 9 is amended as to section (1) (d) by striking out the clause (vii) and substituting therefor the following:

"(vii) The dentist's name may only appear once in the dental section of the classified pages, except where the name of the dentist also appears in the name of a professional corporation listed in the classified pages, in which case the dentist's name may not otherwise appear."

and by adding the following clause after clause (ix):

"(x) Notwithstanding anything contained or implied herein to the contrary, no member shall permit his name, or the name of his professional corporation to be listed in the classified section of the telephone directory unless he is actually practising in the area where the listing appears.

4. By-law 11 is amended by striking out section 4.
5. By-law 13 is amended by striking out section (7).
6. By-law 16 is amended by striking out section 6 (1) and by substituting the following:

"6 (1) Each member shall, on or before January 1st of each year, submit to the Registrar a report showing the number of approved credit points acquired by that member during the calendar year immediately preceding."

LEGISLATION

7. The following By-law is added after By-law 17:

BY-LAW 18

- "1. In this By-law, an "undergraduate student" means an undergraduate student currently enrolled in a full-time course of instruction in the Faculty of Dentistry at the University of Alberta.
2. The Board hereby delegates to undergraduate students holding a temporary licence pursuant to this By-law, the performance of such duties of a dental nature as each such temporary licensee is qualified to carry out, subject always to the licensee complying with the provisions of this By-law and with any conditions contained in the licensee's temporary licence.
3. An undergraduate student may make application in writing to the Alberta Dental Association in Form "A" attached to this By-law for a temporary licence permitting him to carry out duties of a dental nature.
4. Upon the receipt of a properly completed application in Form "A", and upon the payment of a fee in the sum of \$50.00, the Registrar shall issue a temporary licence to the undergraduate student so applying in Form "B" to this By-law.
5. Notwithstanding anything contained or implied elsewhere in these By-laws, an undergraduate student holding a temporary licence issued pursuant to this By-law shall be entitled to carry out duties of a dental nature under the DIRECT IN-OFFICE SUPERVISION of the dentist or dentists referred to in that undergraduate student's temporary licence.
6. Any member who employs an undergraduate student and/or any undergraduate student so employed, pursuant to this By-law shall, upon request in writing by the Registrar or his delegate, and within 10 days of receipt of the said request, advise the Registrar or his delegate of the dental procedures practiced by the undergraduate student, and of the nature of the supervision over such dental procedures that the member has

LEGISLATION

exercised. Failure to comply with any such request in the manner prescribed shall be deemed to be unprofessional conduct.

7. The discipline provisions of the Act and these By-laws shall apply to each under-graduate student holding a temporary licence with such modification as may be necessary to give effect to this By-law.
8. No person holding a temporary licence shall advertise or hold himself out as being entitled to practice dentistry, nor shall he charge any member of the public for services rendered, although the dentist under whose supervision a temporary licensee carries out his duties may charge for the services rendered by the said temporary licensee, and may pay the said temporary licensee a wage or a salary."

NATIONAL DENTAL EXAMINING BOARD OF CANADA

MEMBERS: J.M. Culvert, President, Edmonton; D.B. Proctor
Past-President, Winnipeg; H.J. Layton, Vice-President
Truro; A. Kravis, Registrar, Ottawa, Mrs. J. Matte,
Executive Secretary, Ottawa

R E P O R T

N.D.E.B. CERTIFICATES ISSUED IN 1975

1. (a)	Current graduates of Approved Canadian Schools (no examination)	403
(b)	Graduates of Approved Canadian Schools (written examination)	4
(c)	Graduates of Approved U.S.A. Schools (written examination)	43
(d)	Graduates of Unapproved Schools (comprehensive examination)	11
TOTAL		461

N.D.E.B./R.C.D.(C) SPECIALIST CERTIFICATE

2. Certificates issued in 1975 7

3. REGULATIONS re NDEB/RCD(C) SPECIALIST CERTIFICATE

Preamble - Each province has different requirements as to the registerability of specialists. Specialists who do not hold a NDEB generalist certificate, should familiarize themselves with the provincial requirements for basic dental degrees since some provinces may require a form of examination in general dentistry.

1. Fellows of the RCD(C), currently active in their specialty, will be granted the NDEB specialist certificate without examination provided they apply before December 21, 1978, and pay the fee required by the NDEB. This fee will be the same as that applicable to current Canadian graduates receiving a NDEB certificate. This specialist certificate will permit practice as a specialist in participating provinces, provided the specialist's basic degree is registerable within that province as stated in the preamble.
2. Candidates who have successfully completed the Part 1 RCD(C) examination and are currently active in their specialty may

NATIONAL DENTAL EXAMINING BOARD OF CANADA

opt for option No. 6 or may complete their Part II RCD(C) examination before December 21, 1978, and may claim the NDEB specialist certificate as Fellows of the College. After that date, if they have not completed Part II and desire a NDEB specialist certificate, they will be required to take the applicable NDEB/RCD(C) specialists' examination.

3. After January 1, 1975, current graduates from Approved specialty programs in Canada and the United States, or from other programs recognized by the RCD(C) as comparable, will be eligible to take the applicable NDEB/RCD(C) specialists' examination. The RCD(C) agrees that successful completion of this examination will be considered as the first step towards Fellowship in the RCD(C). This situation, with regard to Canadian programs, will be reviewed within five (5) years in light of the accreditation programs existing at the time.
4. Non-Fellows of the RCD(C) and non-holders of provincial specialty certification, who have graduated from Approved specialty programs in Canada or the United States, or from other programs recognized by the RCD(C) as comparable, will be assessed by the RCD(C) Credentials Committee on behalf of the NDEB. If eligible they will take the applicable NDEB/RCD(C) specialists' examination.
5. Dental specialists, who are not graduates of Approved dental undergraduate programs in Canada or the United States, will be required to pass the three-part comprehensive NDEB examination and be acceptable to the RCD(C) Credentials Committee before sitting for the applicable NDEB/RCD(C) specialists' examination.
6. Non-fellows of the RCD(C) currently holding provincial specialty certification, if desiring to obtain the NDEB specialist certificate, must pass a clinically-oriented special RCD(C) examination. This will be a once-only special examination (with supplemental privileges), the date to be announced later. This examination will be under the auspices of the NDEB using the examining facilities of the RCD(C), but will not be considered as any part of the requirement for the Fellowship in the RCD(C).

NECROLOGY

RECORDS DEPARTMENT

Miss A. Cowling

R E P O R T

Since the last Annual Meeting of the Canadian Dental Association the deaths of the following members have been recorded:

ALLARD, Hubert Stanislas - Laval '10	Hull, P.Q.
ALLARY, Valmore - Montreal '39	St-Coeur de Marie, P.Q.
ANDERSON, H. Ross - R.C.D.S. '21	Adolphustown, Ontario
BANCROFT, Earl Lester Alexander - Toronto '35	Don Mills, Ontario
BANKS, Harry Alden - Toronto '33	Victoria, B.C.
BATEMAN, Harry Robinson - R.C.D.S. '21	Willowdale, Ontario
BELAND, Gustave Arthur - Montreal '25	Montreal, P.Q.
BERNATCHEZ, Jean-Marie - Montreal '27	Ste-Foy, P.Q.
BILLINGS, Maurice Roger - R.C.D.S. '08	Cayuga, Ontario
BLACK, Silas Clark - Dalhousie '43	Ottawa, Ontario
BLACKWELL, Roy Wellington - R.C.D.S. '17	Kincardine, Ont. (Calgary)
BOISCLAIR, Donat - Montreal '21	Montreal, P.Q.
BONNELL, Hugh Frederick - McGill '47	Saint John, N.B.
BOOTH, Allen - U. Bristol '72	Fort St. James, B.C.
BRETON, Louis-Marie - Montreal '69	Ville St-Laurent, P.Q.
BRICK, Michael George - R.C.D.S. '18	Windsor, Ontario
BUCHANAN, William Gordon - Manitoba '72	Minnedosa, Manitoba
BULYEA, Harry Ernest - Harvard 1897	Edmonton, Alberta
CAMPBELL, Edwin Harold - R.C.D.S. '14	Toronto, Ontario
CHUNG, Tony Yim Chuen - Alberta '72	Delta, B.C.
CLARK, Wilfrid Daniel - R.C.D.S. '21	Stoney Creek, Ontario
CLARK, W. Lorne - Toronto '38	Conquest, Sask.
COMEAU, Lin - Montreal '49	Kentville, N.S.
CRAIG, John Joshua - R.C.D.S. '16	Peterborough, Ontario
CROWHURST, Sidney Edward - Northwestern '32	Vancouver, B.C.
DENIS, Jean-Pierre - Montreal '71	Repentigny, P.Q.
DURANT, W. Lorne - R.C.D.S. '20	Brockville, Ontario
EDWARDS, Reginald W. - Toronto '52	Belleville, Ontario
EHLERT, Rex Phillip - Alberta '50	Calgary, Alberta
FERGUSON, John Robert - McGill '72	Hamilton, Ontario
FINDLAY, Robert Murray - R.C.D.S. '23	Toronto, Ontario
FRASER, James Ernest - R.C.D.S. '20	Shamavon, Sask.
FRENCH, George Ernest - R.C.D.S. '09	Niagara Falls, Ontario

NECROLOGY

- GALE, Harry Arnold - Toronto '30
GIGUERE, Adelard - Montreal '25
GRUER, Willard Paisley - Toronto '29
- HAGLUND, Lynda Kim - McGill '70
HALPERIN, Hyman M. - McGill '17
HONEY, Samuel Lee - R.C.D.S. '23
HOULE, J. Thomas - Montreal '22
- JANES, Lorne Vernon - Chicago '16
JARVIS, Albert - Toronto '50
JOHNSTON, Joseph Hawley - Toronto '36
- KAUKINEN, Albert Rudolf - Toronto '46
KEENAN, Michael Vincent Joseph - Toronto '29
KENNEDY, Charles Judd - Toronto '51
KERR, Roy Douglas - R.C.D.S. '12
KING, George Alfred - R.C.D.S. '23
- LANGTRY, John Harold - R.C.D.S. '23
LAURIN, Carroll-Edouard - Montreal '25
LAVOIE, Francois Benoit - Montreal '50
LEGATE, Harry Burton - R.C.D.S. '21
LESSARD, J. Andre - Montreal '19
LOIGNON, Georges Damase Antoine - Laval '20
- MACINTOSH, George Kenneth - Dalhousie '31
MACNEILL, Bruce Crawford - R.C.D.S. '25
MACPHEE, Donald Snider - R.C.D.S. '23
MASSICOTTE, Auguste - Montreal '19
MCBROOM, Robert Elwood - Toronto '26
MCCOOL, Leonard Hugh - R.C.D.S. '21
MCKELLAR, Hugh Ellar - R.C.D.S. '23
MILES, Rollie Lee - R.C.D.S. '23
MILNE, James Copland - Toronto '32
MITCHELL, James Gordon - Toronto '52
MONTGOMERY, Garnet Elliott Hanna - North Pacific '28
MOORE, William Robert Joshua - Toronto '37
MOREAU, Arthur - Montreal '39
MORRISON, Reeve Wilson - R.C.D.S. '23
MUMFORD, Robert James - R.C.D.S. '07
MUNRO, Archibald Donald Campbell - Dalhousie '69
- PARSONS, Leslie Alexander - Alberta '68
PATERSON, Jesse George - R.C.D.S. '24
PATTISON, Lorne Russell - R.C.D.S. '18
POTTER, Wilfred Albert - Toronto '27
- Winnipeg, Manitoba
St-Lambert, P.Q.
Toronto, Ontario
- Seattle, Wash., U.S.A.
Montreal, P.Q.
Fenwick, Ontario
Shawinigan, P.Q.
- Hamilton, Ontario
St. Catharines, Ontario
St. Thomas, Ontario
- Sudbury, Ontario
Sault Ste. Marie
Ingersoll, Ontario
Willowdale, Ontario
Milton, Ontario
- Thunder Bay, Ontario
Hull, P.Q.
Sudbury, Ontario
Owen Sound, Ontario
Riviere-Du-Loup, P.Q.
Montreal, P.Q.
- Halifax, N.S.
Islington, Ontario
Ottawa, Ontario
Trois-Rivieres, P.Q.
Brockville, Ontario
North Bay, Ontario
St. Thomas, Ontario
Birtle, Manitoba
Chesley, Ontario
Regina, Alberta
Qualicum Beach, B.C.
Englehart, Ontario
Montreal, P.Q.
Winnipeg, Manitoba
London, Ontario
Ottawa, Ontario
- Calgary, Alberta
Toronto, Ontario
Welland, Ontario
Niagara Falls, Ontario

NECROLOGY

RACE, Wilfrid Watson - R.C.D.S. '20
 REICHMAN, Preston William - Northwestern '17
 REYNOLDS, Ltd. Col. Leeland Alman - Dalhousie '57

RINGUET, Lucien - Montreal '18

SHAND, William Alvin - Toronto '41
 SHAPER, Earl Saul - Toronto '30
 SLADE, Harry Arthur - Toronto '39
 SOULES, Cecil, - R.C.D.S. '14
 STEDMAN, Lloyd Reuben - R.C.D.S. '16
 STUART, Lloyd Johnson (Hod) - R.C.D.C. '23
 SUMMERS, Jack Wolverson - Alberta '49

TUFTS, Harold Freeman - Harvard '12

WILLIAMS, Randel Merisson - McGill '55
 WRIGHT, James Ewart - R.C.D.S. '24
 WROBLEWSKI, Vincent - Toronto '71

YOUNG, William Henry - Dalhousie '22

Brantford, Ontario
 Cardston, Alberta
 Active Duty CAF 35 Field
 Dental Unit
 La Tuque, P.Q.

Toronto, Ontario
 Saskatoon, Sask. (Montreal)
 Toronto, Ontario
 Toronto, Ontario
 Seeleys Bay (Gananoque, Ont.)
 Millbrook, Ontario
 Edmonton, Alberta

Port Mouton, N.S.

Sarnia, Ontario
 St. Catharines, Ontario
 Mississauga, Ontario

Kentville, N.S.

NOMINATIONS

MEMBERS: M.J. Crompton, Chairman, Moncton; W.R. Upton, Vancouver
L. Bernier, Sillery; D.C. Clee, Toronto

R E P O R T

1. Appendix 1 to this report provides a list of all eligible nominees for vacant offices, prepared in accordance with Article XIV, Section 4(1) of the By-Laws.
2. Council wishes to express its appreciation to all those who have been willing to allow their names to stand in nomination.
3. The Board is reminded that by Article XI, Section 8(j), the Executive Council is empowered to select Council Chairmen from the Council members elected by the Board.

C.D.S.P.I.

4. No vacancies. Representatives elected in 1975 for a three-year term.

COUNCIL ON NOMINATIONS:

5. The Board is reminded that the Council on Nominations comprises three members elected by the Board, plus the President-elect who serves as chairman. The By-Laws state that the membership of the Council should be representative of the geographical divisions of the Association and should include one or more past presidents. Nominations for a term of three years shall be made from the floor by a member of members of the Board of Governors. Terms of office of present members are:

W.R. Upton	1978(2)
L. Bernier	1976(1) - completing 1st term; eligible for re-election
D.C. Clee	1977(2)

EXECUTIVE COUNCIL:

6. Dr. D.L. Rife being the single nominee to the office of President-elect will assume this office without contest.
7. There is therefore one vacancy to be filled on the Executive Council.

ELECTIONS:

8. Unless otherwise directed the elections will take place as noted on the Board's agenda Tuesday morning, September 14.

RESOLVED

That the report of the Council on Nominations be adopted

Adopted

NOMINATIONS

RESOLVED

That the Secretary be allowed to cast 1 vote for those individuals elected by acclamation.

Adopted

NOMINATIONS

Appendix I

OFFICE	COMMENTS	ELIGIBILITY	TERM	NOMINATIONS
Chairman of the Board Incumbent - W.P. Munsie	Elected annually	Individual or Honorary Member	1 year	No nominations, Dr. Munsie does not wish to stand for re-election
<u>President-Elect</u>	Elected annually	Voting member of the Board of Governors	1 year	Dr. D.L. Rife, Toronto
<u>Executive Council</u> (1 vacancy)	Replacing Dr. D.L. Rife, only nominee for President-elect. Past-President Reid retires from Council.	Member of the Board of Governors	2 years	Dr. A.J. Shinnoff, Winnipeg Dr. C.E. Dexter, Halifax
<u>Council on Constitution and By-Laws</u> (1 vacancy)	Dr. H. Brouillet is completing his 2nd term & is not eligible for re-election.	CDA Member	3 years	Dr. M. Tenenbaum, Montreal
<u>Council on Education</u> (5 vacancies) Incumbent-R. Coulombe Incumbent-J.D. McLean	Drs. G. Decker & L. Mandin are completing 2nd terms. Dr. Hannam does not wish re-election	4 active dental faculty members, 3 with no dental faculty ties, 2 members each from ACFD & NDEB and 1 RCD(C)	3 years	Dr. G.W. Myers, Edmonton (ACFD & Faculty Member) Dr. D. Yeo, Vancouver Dr. D.G. Gardner, London and Dr. J.D. McLean, Halifax (Faculty Members) Dr. R. Coulombe, Lachine (NDEB) Dr. T. Allison, Calgary Dr. E.J. Rajczak, Hamilton Dr. L. Scott, Brantford Col. L.A. Richardson (CFDS), Borden (No Faculty Affiliation) Dr. G.H. Peacock, Saskatoon (Registrar)

NOMINATIONS FORM
CDA ELECTIVE OFFICES - 1976

NOMINATIONS

Appendix

OFFICE	COMMENTS	ELIGIBILITY	TERM	NOMINATIONS
<u>Council on Ethics</u> (2 vacancies) Incumbent - J.P. Beattie Incumbent - M.B. Archambault	Completing 1st term Completing 1st term	CDA Member	3 years	Dr. P.Y. Lamarche, Montreal Dr. J.W.M. Brady, Guelph
<u>Council on Health Care</u> (4 vacancies) Incumbent - R.G. Dickson Incumbent - D.E. MacFarlane Incumbent - P.J. Kirby Incumbent - J.R. Robertson Incumbent - J. Belanger	Completing 1st term Completing 1st term Completing 1st term Completing 1st term Completing unexpired term	Chairman Corp.mbr. B.C. Corp.mbr. Alberta Corp.mbr. P.E.I. Corp.mbr. P.Q.	3 years	Dr. R.G. Dickson, Drumheller Dr. D.E. MacFarlane, Vancouver Dr. J. Belanger, Montreal Dr. J. McMullen, Fredericton Lt. Col. J.F. Beglin, Ottawa (CFDS Nominee)
<u>Insurance & Investment</u> <u>Council**</u> (3 vacancies) Incumbent - R. Rasmussen Incumbent - D.C. Steeves Incumbent - D.M. Diner	Completing 2nd term Completing 2nd term Completing unexpired term	CDA Member	3 years	Dr. D.M. Diner, Montreal Dr. G. Anthony, St. John's Dr. T.D. Ingham, Halifax
** Status of this Council may change as a result of the report of the CDA/CDSPI ad hoc committee, which will be presented to the Board of Governors.				
<u>Council on Legislation</u> (1 vacancy) Incumbent - H.C. Bugden	Completed 2nd term	CDA Member	3 years	Dr. R.G. Balderson, Ottawa
Nominations Council Incumbent - L. Bernier	Completing 1st term	Membership should be represented geographically	3 years	Nominations will be received from the floor at the Annual Meeting.

ELECTED OFFICERS, OFFICIALS, COUNCILS
1976-77

President M.J. Crompton, Moncton
 President-elect D.L. Rife, Toronto
 Immediate Past President H.L. Mussells, Montreal
 Chairman of the Board N.A. Mancini, Hamilton

COUNCILS

Executive	M.J. Crompton, Moncton, Chairman	
	D.L. Rife, Toronto	
	H.L. Mussells, Montreal	
	R.A. Gray, Medicine Hat	1977(1)
	R.L. Moran, Toronto	1977(1)
	S. Silver, Montreal	1977(2)
	C.E. Dexter, Halifax	1978(1)
Constitution & By-laws	H.R. MacLean, Edmonton	1977(2)
	P.S. Christie, Halifax	1978(2)
	W. Heaslip, Toronto	1978(1)
	M. Tenenbaum, Montreal	1979(1)
Education	W.H. Feasby, London	1978(2)
	E.R. Ambrose, Montreal	1978(2)
	R. Coulombe, Lachine	1979(2)
	J.D. McLean, Halifax	1979(2)
	D. Yeo, Vancouver	1979(1)
	E. Rajczak, Hamilton	1979(1)
	G.H. Peacock, Saskatoon	1979(1)
	G.A. Freeze, North Vancouver	1977 **
	G. Perlmutter, Toronto	1977 **
Ethics	P.Y. Lamarche, Montreal	1979(1)
	J.W.M. Bradey, Guelph	1979(1)
	R.A. Epstein, Halifax	1978(2)
	G.H. Peacock, Saskatoon	1977(1)
	R.J. Warshawski, Vancouver	1977(1)
Health Care	R.G. Dickson, Drumheller, Chairman	1978(2)
	J.F. Begin, C.F.D.S.	1979(1)
	D.E. MacFarlane, Vancouver	1978(2)
	J.W. MacKay, Saskatoon	1978(2)
	B. Goldberg, Winnipeg	1978(1)
	J. Belanger, Montreal	1979(2)
	J.T. Dowd, Moncton	1977(2)
	D.A. Eisner, Halifax	1977(2)
	J. McMullin, Fredericton	1979(1)
	D. Jackman, Grand Falls	1977 **
	R.J. Sexton, Toronto	1977 **

NOMINATIONS

Hospital Services	S.M. Claman, Winnipeg, Chairman	1977(2)
	J.H.P. Main, Toronto	1978(1)
	R. Mulrooney, Toronto	1978(1)
	A.G. Parnell, London	1977(2)
	P. Surprenant, Sherbrooke	1978(2)
Information Services	W.B. Chapple, Port Hope	1977(1)
	M.D. Charendoff, Toronto	1978(1)
	C. Chicoine, Montreal	1978(1)
	Mr. K.L. Croft, Vancouver	1977(1)
	A.E. MacLéod, Halifax	1978(1)
Insurance and Investment	Council activities suspended for 1 year	
Legislation	J.H. Young, Ottawa, Chairman	1977(1)
	R.G. Balderson, Ottawa	1979(1)
	O.H. Phillips, Ottawa	1978(2)
Nominations	D.L. Rife, Toronto, Chairman	
	P. Christie, Halifax	1979(1)
	D.C. Clee, Toronto	1977(2)
	W.R. Upton, Vancouver	1978(2)

* indicates first term of office

** indicates member filling unexpired term

ORAL PATHOLOGY

MEMBERS: J.P. Sapp, President, London; H.M. Dick, President-elect, Edmonton; J.D. Spouge, Vice President, Vancouver; B. Harsanyi, Secretary, Halifax; T.P. McCrory, Treasurer, Montreal; J.R. Trott, Immediate Past President, Winnipeg

R E P O R T

1976 ANNUAL MEETING

1. The 1976 Annual Meeting was held in Atlanta, Georgia on April 5, 1976, coincident with the annual meeting of the American Academy of Oral Pathology. Dr. J.P. Sapp presided in the absence of the President.
2. The Academy sent \$50.00 in 1975 to the Canadian Fund for Dental Education.
3. The Hannam report on Post-Graduate requirements will be considered by the Executive and a report forwarded to Dr. Hannam.
4. Six (6) new members were elected.
5. A survey of Oral Pathology programs in Canadian schools will be carried out during 1976.

1977 ANNUAL MEETING

5. This will be held in conjunction with the A.A.O.P. in Portland Oregon, May 17, 1977.

The Association is commended for its financial support to C.F.D.E.

The Executive Council requests a copy of the Survey of Oral Pathology programs in Canadian schools when it is completed.

ORAL RADIOLOGY

MEMBERS: Dr. C.G. Baker, President, Winnipeg; Y. Panneton, President-elect, Quebec; A. Ruprecht, Secretary, Saskatoon; C.E. Hawrish, Treasurer, Edmonton (on sabbatical, Iowa City); D.W. Stoneman, Past President, Toronto

R E P O R T

1. The Canadian Academy of Oral Radiology was unable to meet with the Canadian Dental Association last year because of logistics involving the moving of the secretary at a critical time. Minutes of this meeting were submitted to the Executive Director.
2. As stated in our last report, the Canadian Academy of Oral Radiology is opposed to the changes affecting active membership in sections whereby C.D.A. memberships is compulsory. Although the C.A.O.R. will be discussing this again in our up-coming annual meeting, there has been no change with respect to the official position of the Academy at this time.

R E C O M M E N D A T I O N

That the Canadian Dental Association reconsider their stand with respect to requiring that active membership in sections of the C.D.A. be limited to members of the C.D.A.

Executive Comment: Please see Executive Council report with respect to this recommendation.

FEE GUIDE

3. At the last annual meeting of the Canadian Academy of Oral Radiology there was considerable discussion concerning fee guides for oral radiology for both specialists and general practitioners. It was felt that with the current coding system of the C.D.A. the emphasis was being placed on the number of films being taken rather than the diagnostic procedure. In other words, patients were paying for a film rather than for the interpretation. It was the feeling of the Academy that this was not correct. There was some concern about the C.D.A. and the C.A.O.R.'s involvement in what is still predominantly a provincial matter, although it was recognized that the C.D.A. was providing guidelines to many of the provincial bodies with respect to uniform coding.

RECOMMENDATION

The Canadian Dental Association re-evaluates the current coding system for oral radiology both at the general practice and specialty levels, and that an attempt be made to shift the emphasis from the number of films to the diagnostic procedure.

This recommendation has been submitted to the Council on Health Care for their opinions and report.

The section is commended for its activities during the year.

ORAL SURGERY

MEMBERS: F.W. Lovely, President, Halifax; Dr. G. Maranda, President-Elect, Quebec City; D.S. Precious, Secretary, Halifax; J.H. Gryfe, Treasurer, Toronto; S.M. Claman, Immediate Past President, Winnipeg

R E P O R T

1975 ANNUAL MEETING

1. The 1975 Annual Meeting of the Canadian Society of Oral Surgeons was held at Jasper Park Lodge, Alberta, July 12-16, 1975.

Clinicians were: Dr. D. Laskin, Northwestern University, and Dr. H. Worth, Vancouver, British Columbia

Constitutional amendments were taken under review.

2. Dr. James Coupland was made a Life Member of the Society at its 1975 Annual Meeting.
3. Annual Dues of the Society were set at \$150.00.

1976 ANNUAL MEETING

4. The 1976 Annual Meeting will be held in Halifax, Nova Scotia, July 24-27.

Clinicians will be: Dr. W. Harrigan of New York University, and Dr. O. Hayne of Dalhousie University

FUTURE MEETINGS:

5. A committee has drafted a new format of meetings for the Canadian Society of Oral Surgeons. The emphasis will be on Continuing Education.
6. The same committee has recommended co-ordination of the Canadian Society of Oral Surgeons' meetings with those of the Canadian Dental Association when at all possible. This has resulted in planning of the 1977, 1978, and 1979 meetings at the location of the Canadian Dental Association meeting.
7. The Society is to appoint an Historian and Archivist.

EDUCATION

8. The recipient of the Canadian Society of Oral Surgeons Research and Essay Award was Dr. Samuel Kucy and his paper was delivered at the meeting.

ORAL SURGERY

9. The Canadian Society of Oral Surgeons again provided for a book prize to the most outstanding student in Oral Surgery at each of the ten Canadian Dental Schools.
10. The Council on Education was provided with an updated "Guidelines for Specialty Training in Oral Surgery".
11. The Society has noted with interest the addition of Advanced Training Programs in Oral Surgery in Canada.

The Canadian Society of Oral Surgeons is commended for promoting bilingualism within their Association and for continuing their book prize award to the most outstanding student in Oral Surgery at each of the ten Canadian Dental Schools.

The Society's cooperation in planning their meetings to coincide with those of C.D.A. is greatly appreciated.

The Society is requested to forward a copy of Advanced Training Programs in Oral Surgery in Canada for information.

ORTHODONTISTS

MEMBERS: R.P. Mullen, President, Edmonton; R. Pileski, President-elect, Hamilton; R. Hicks, Vice-president, Vancouver; J. Schachter, Secretary/Treasurer, Saskatoon

R E P O R T

1975 ANNUAL MEETING

1. The 1975 Annual Meeting of the Canadian Association of Orthodontists was held in St. John's, Newfoundland, August 14-17 just prior to the Canadian Dental Associations' Convention.
2. The Grieve Memorial Lecture was presented by Dr. R.B. Ross on the first day of the Canadian Dental Association Convention.
3. New members were elected to membership bringing the total membership to 230.
4. A new category of membership is to be added as a constitution change at the next annual meeting. This will be a life membership to any member in good standing who has practiced for at least 40 years. These members will be exempt from Association dues. It was further suggested that at the time of conferring such a membership an effort should be made to honor the member at a membership function.
5. A motion was passed that a membership certificate upon approval from the Board of Directors be presented to all members of the Canadian Association of Orthodontists.
6. A motion was passed that a past president's certificate or scroll be presented to the outgoing president at his last regular meeting and that all past presidents be presented with a similar certificate or scroll at a suitable session at the next annual meeting or scientific session. That all past presidents be invited to attend the next annual meeting during which time the certificate would be presented and if this was not feasible that the certificates be mailed.
7. A motion was passed that a case transfer form similar in format to that used at the present time by the A.A.O. be distributed to membership to provide continuity in transfer cases throughout all the orthodontic component societies.
8. A motion was passed that the 1976 Annual Meeting and Scientific Sessions of the Association be held in conjunction with and on the same dates as the Canadian Dental Association Convention in Edmonton.

ORTHODONTISTS

9. Motions were passed that in honor of Dr. T. Crouch being elected to the Vice-presidency of the American Association of Orthodontists, the sum of \$100.00 be given to the C.F.D.E.; that Dr. R. Haryett being elected to the Presidency of the International College of Dentistry, the sum of \$100.00 be given to the C.F.D.E.
10. Congratulations were extended to Dr. Michael Cipton of Moncton, New Brunswick, on his being elected as President-elect of the Canadian Dental Association.

1976 MEETING IN EDMONTON

11. The 1976 Annual Meeting will be held in Edmonton, Alberta, September 12-15, 1976, concurrently with the Canadian Dental Association Annual Convention. This is the first time in several years that the Canadian Association of Orthodontists has met at the same time as the Canadian Dental Association and we are looking forward to this convention to participate with the C.D.A. in both the scientific sessions and social functions.
12. The Grieve Memorial Lecture will be given by Dr. R.A. Riedel, Seattle, Washington.
13. The Scientific Program will encompass Surgical Orthodontics, post-retention assessment and mini-clinics on circumferential fiber cuts, rapid palatal expansion, neonatal cleft palate treatment, incidence of malocclusions in the population and assessment of post thumb sucking problems. The major clinicians will be Dr. R.A. Riedel, Seattle, Washington; Dr. Geoff Sperber from the University of Alberta; and Drs. McNeill and West of Seattle, Washington.
14. The 1977 Annual Meeting and Scientific Sessions of the Association will be held in Toronto in conjunction with the C.D.A. - F.D.I. International Convention.

This report is informative. No resolutions are submitted.

The Section is commended for its activities during the year.

PAEDODONTICS

MEMBERS: G.M. Jinks, Vancouver, President; B.A. Richardson, Kitchener, Past President; D.M. Kozloff, Montreal, Vice President; F. Pulver, Toronto, Secretary/Treasurer

R E P O R T

1. The Canadian Academy of Paedodontics was a co-sponsor of the First Canadian Congress of Dentistry for Children in Toronto on May 17, 18, 19, 1975.
2. The annual business meeting was held on May 19, 1975 at the Four Seasons Sheraton Hotel in Toronto; there were 29 members present and eight (8) observers.
3. Membership has still continued to increase; we now have 79 Active Members and six (6) new applicants giving us an increase of 22% over last year.
4. During the year three (3) newsletters were sent to the membership with good communication occurring.
5. Our Academy has been in direct communication with Dr. R.G. Dickson, Chairman, Council on Health Care of the L.D.A. with respect to Auxiliary Career Training.
6. Our 1976 annual meeting will be held in Edmonton in conjunction with the C.D.A. meeting on September 13, 1976. Dr. Stephen Wei of Iowa will be our guest clinician, and he will also address the C.D.A. on September 14, 1976.
7. Our 1976 annual business meeting will also take place in Edmonton on September 13, 1976. Present indications are for a good representation of our members from across Canada.
8. Our Secretary/Treasurer, Dr. F. Pulver, and President, Dr. G.M. Jinks, will represent us at the C.D.A. Board of Governors meeting which will be held in Edmonton.
9. Our Academy is to be one of the co-sponsors of the Second Canadian Congress of Dentistry for Children, which will be held in Montreal on May 21, 22, and 23, 1977.

The section is commended for arranging their Annual Meeting to coincide with the Board of Governors' and to congratulate them on their co-sponsorship of the Second Canadian Congress of Dentistry for Children, to be held in Montreal May 21-23, 1977.

PERIODONTICS

MEMBERS: J.K. Hicks, President, Hamilton; D.A. Anderston, President-elect, Vancouver; F.C. Lackie, Secretary, Toronto

R E P O R T

1976 ANNUAL MEETING

1. Due to lack of response of the membership, the proposed meeting for Jasper Park Lodge in June was cancelled. Most of our members are also members of the American Academy of Periodontology which is meeting in San Francisco in October. Probably, the economics of two (2) trips in a calendar year accounted for the lack of response to the Canadian meeting.
2. Our strength lies largely between Montreal and Toronto, with reasonable representation in Vancouver and Winnipeg - the remainder of the country has a mere smattering of periodontists. It is a personal opinion that this "sectionalization", plus the fact that over 50% of Canadian periodontists received their certification and/or graduate training in the United States, accounts for "tepid" interest in the Canadian Academy.
3. I should also add that a significant percentage of Canadian periodontists object to the obligatory membership in the C.D.A. This is of grave concern to the executive, which is attempting to hold a truly national group.
4. The active membership is now eighty-eight (88), with two (2) further applications. Our associate membership holds at twenty-nine (29) members.

The Academy is commended for its bilingual letterhead.

Membership in the Academy is not contingent on membership in C.D.A.

PUBLIC HEALTH

MEMBERS: W.C. King, President, Halifax, N.S.; and J.M. McConchie, Secretary, Surrey, B.C.

R E P O R T

1975 ANNUAL MEETING

1. The annual meeting of the Canadian Society of Public Health Dentists was held in St. Johns, Newfoundland on the 17th August, 1975.
2. Membership applications from three (3) dentists for membership were approved. The present membership of this society includes 75 active members and four (4) associate members.
3. The scientific session included presentations by Dr. M. Lewis describing "The Saskatchewan Dental Plan" and Dr. K. Davey, "The Northwest Territories Dental Therapists".
4. Dr. J.V.P. Chatwin of Ottawa has provided impetus to improved communications between all members throughout Canada by his role as editor of the New Bulletin.

ROYAL COLLEGE OF DENTISTS (CANADA)

5. Charter fellowships were conferred on 12 members of this Society during a convention held in Toronto in June 1975 by the Royal College of Dentists (Canada).
6. Several members of the Society are to sit for the Initial Interim Examination of the Royal College of Dentists which is to be held in June 1976.

1976 MEETING

7. It has been decided to hold the scientific sessions in future concurrently with the main Convention programme to allow for attendance by any other interested members of C.D.A.
8. The featured speaker for the 1976 scientific session to be held at Edmonton will be Dr. Basil Bibby of Rochester, New York.

This report is informative. No resolutions are submitted.

The Society is commended for its excellent report.

The Board greatly appreciates the Society's consideration in planning to hold future scientific sessions concurrently with the main Convention program.

THE ROYAL COLLEGE OF DENTISTS OF CANADA

MEMBERS: S.M. Claman, President, Winnipeg; J.E. Speck
Secretary-Registrar-Treasurer, Toronto

R E P O R T

1. The last Information Report of the Royal College of Dentists of Canada was presented to the Board of Governors in August 1975, in St. John's, Newfoundland.

FELLOWS

2. At the present time the College has 261 Fellows, 87 of whom are Charter Fellows, 161 are Fellows by examination and 13 are Honorary Fellows. At the Convocation to be held in Edmonton on September 11, 8 Fellows will receive their Fellowships, having successfully completed the Part I and Part II examinations. We anticipate also that there will be people receiving Fellowships in Public Health and Oral Pathology, resulting from their successful completion of the Initial Interim examinations in these two specialities (held the week of June 21). Dr. G.A. Morgan and Dr. O.J. Yule of Toronto, Dr. G.A. Brass of Winnipeg and Dr. E.R. Ambrose of Montreal will receive Honorary Fellowships. Dr. W.G. McIntosh will give the Convocation address. It is with regret that we record the passing of Dr. H.E. Bulyea and Dr. J.G. Mitchell.

EXAMINATIONS

3. The Part I (written) examinations will be held this year on June 21, in regional centres in Canada and the United States. We expect that there will be 30 candidates. At the same time, as mentioned above, there will be Initial Interim examinations for 20 Public Health dentists and 4 Oral Pathologists.

The Part II (oral) examinations will be held on December 4 for approximately 13 or 14 candidates. Also, owing to the new Canadian Dental Association's new definition of Prosthodontics, there will be a special Prosthodontic examination in June 1977, for those who did not qualify under the original definition of Prosthodontics either for the Initial Interim examinations or the regular Part I and Part II examinations. Eligibility for candidates to take this examination is as follows:

- (a) An individual trained in a specialty area prior to 1965 and not previously eligible as a candidate for Fellow-

THE ROYAL COLLEGE OF DENTISTS OF CANADA

ship examination (initial interim or otherwise).

- (b) Individuals engaged in the clinical practice, teaching and/or research in a specialty area for a minimum of 10 years prior to 1965, without specialty training, who have made significant contribution to this specialty field (on the recommendation of peers and/or provincial specialty recognition and the acceptance of the Credentials Committee of the College) and who were not previously eligible for examination. The Credentials Committee, with representation from the specialty, will determine eligibility.

STANDARDIZATION OF SPECIALTY CERTIFICATION ACROSS CANADA

4. The College and the National Dental Examining Board continue to work together for specialty portable certificates. At this time the National Dental Examining Board certificate has been accepted by Saskatchewan, Manitoba, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland. Acceptance is anticipated from Ontario and Alberta. British Columbia and Quebec will not be participating at this time. So far 23 certificates have been issued to Fellows of the College and those who were successful in the College's Part I examinations in 1975.

Plans are being made to assist the National Dental Examining Board by holding a special clinically-oriented National Dental Examining Board specialist examination, probably in the fall of 1977 for non-Fellows of the College currently holding provincial specialty certification who wish for portable specialty certificates.

CANADIAN DENTAL ASSOCIATION CONVENTION

5. The College will sponsor a symposium open to all Convention registrants, entitled Problems of the Anterior Segment on Wednesday morning September 15. The moderator will be Dr. N. Thomas of Edmonton, and the panellists will be Dr. R.D. Haryett of Edmonton, Dr. B.K. Arora of Saskatoon and Dr. M.D. Charendoff of Toronto.

COMBINED SPECIALTIES MEETING

6. Plans for a Combined Specialties Meeting in Edmonton in 1976 were abandoned because some of the specialty groups had already made previous arrangements for their meetings. However, plans are being made by the Royal College for a meeting with representatives from the Commonwealth Colleges and the American Boards during the F.D.I. Meeting in Toronto in October 1977.

CONTINUING EDUCATION

7. Thought is being given to Basic Science courses for dentists in preparation for Fellowship examinations. Continuing education courses for specialists are also under consideration.

The Board received this report as information.

TRANSACTIONS

OF THE CANADIAN DENTAL ASSOCIATION



INTERIM & ANNUAL MEETINGS,
BOARD OF GOVERNORS
INN OF THE PROVINCES, OTTAWA
March 9-10 and September 29-30, 1977

In order to reduce costs, the Canadian Dental Association will no longer automatically send copies of the Transactions of its Annual Meeting to all members.

If you wish to receive a copy of the 1977 CDA Transaction please return this card to the Association by May 31st.

A large, empty rectangular box with a thin black border, intended for a return address.

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F O R E W A R D

This book provides a record of the business transacted at the Interim and Annual Meetings of the Board of Governors of the Canadian Dental Association at the Inn of the Provinces, Ottawa, Marcy 9-10 and September 29-30, 1977. It includes the 1977 meeting of the voting (corporate) members.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors. During the session, reports of Councils and Sections, etc., are reported to open sessions of the Board, and, although the chairman may permit any member to speak on an issue, only Board members may vote.

Words appearing in italics both within the body and at the end of the Council or Section reports constitute the comments and actions of the Board.

The purpose of the CDA TRANSACTIONS is to provide members with a record of the policies and decisions of the Board and the work of the Association's Councils and Sections.

OFFICERS AND OFFICIALS

1976-77

Chairman of the Board	N.A. Mancini, Hamilton
President	M.J. Crompton, Moncton
President-Elect	D.L. Rife, Toronto
Immediate Past President	H.L. Mussells, Montreal
Executive Director	Mr. L.A. Stevenson, Ottawa
Director of Administration	Mr. G.P. Watts, Ottawa
Managing Editor	Ms. A. Spencer, Toronto

EXECUTIVE COUNCIL

M.J. Crompton	H.L. Mussells	C. Dexter
D.L. Rife	R.L. Moran	C. Covit
R.A. Gray		

BOARD OF GOVERNORS

M.D. Charendoff	R.L. Moran
C. Chicoine	J.D. Murphy
C. Covit	H.L. Mussells
M.J. Crompton	D.L. Rife
C. Dexter	A.J. Shinoff
R.F. Evans	S. Silver
W.J. Froese	W.R. Thompson
R.A. Gray	G.E. Utas
A.J. Harris	K.F. Walsh
R.N. Hicks	D.E. Williams
J.W. Mackay	A. Worth
R.T. Malpass	

Non-Voting Representatives:

T. Curry - Department of National Health and Welfare
F.T. Irwin - Department of Veterans' Affairs

A G E N D A

1977 INTERIM BOARD OF GOVERNORS' MEETING

MARCH 9-10, 1977

Wednesday, March 9

9.00 a.m.	Call to Order Invocation Official Call of Meeting Roll Call Adoption of Agenda President's Report
9.30 a.m. - 10.00 a.m.	C.F.D.E.
10.00 a.m. - 12.30 p.m.	C.D.S.P.I. Report
12.30 p.m. - 2.00 p.m.	Lunch
2.00 p.m. - 4.00 p.m.	Executive Council Report
4.00 p.m. - 4.30 p.m.	C.F.D.E.
4.30 p.m. - 5.00 p.m.	N.D.E.B.

Thursday, March 10

9.00 a.m. - 12.00 noon	Presentation of Council Reports Council on Education Council on Health Care Council on Hospital Services Council on Information Services
2.00 p.m. - 5.00 p.m.	Reports of Sections Periodontology Public Health Dentistry R.C.D.C.

M I N U T E S

CANADIAN DENTAL ASSOCIATION

BOARD OF GOVERNORS' MEETING

INN OF THE PROVINCES

OTTAWA, ONTARIO

MARCH 9-10, 1977

EXECUTIVE COUNCIL

M.J. Crompton, Moncton, Chairman, C. Covit, Montreal, C.E. Dexter, Halifax
R.A. Gray, Medicine Hat, R.L. Moran, Toronto, H.L. Mussells, Montreal,
D.L. Rife, Toronto.

The Executive Council has met five times since the September Board Meeting
- in September, October, December 1976 and January and February 1977.

C.F.D.E.

1. *RESOLVED: That the outgoing President, Dr. Mussells, Dr. Dexter and Dr. Moran be the three Executive Council appointees to the ad hoc committee on C.F.D.E.*

ADOPTED

2. *RESOLVED: That Executive Council recommends that the second mortgage eventually be retired but suggest that this be delayed in light of the FDI budget requirements.*

ADOPTED

3. *RESOLVED: That we abide by the operational procedures for C.F.D.E. as agreed to in Newfoundland (1975T5) and that no changes be made in the Trust Deed and that it be reviewed in time for the September Board Meeting.*

ADOPTED

MANAGEMENT COMMITTEE:

4. *RESOLVED: That consideration be given to an Executive recommendation to changing the name of the Finance Committee to the Management Committee.*

ADOPTED

5. *RESOLVED: Whereas effective control of all funds of the Association is imperative to management of the affairs of the CDA*

and

Whereas the Management Committee is charged with the responsibility for management of all monies and resources of the Association,

MOTION: (from Executive Council)

Therefore be it resolved that all financial agreements and accounts for payment presented by all Councils, Committees and associated groups of the CDA, whose affairs come under the authority and control of the CDA, must be approved by the Management Committee.

The following substitute motion was then proposed:

EXECUTIVE COUNCIL

Therefore be it resolved that all budgets, proposed financial agreements and accounts for payment presented by all Councils, Committees, and associated groups of the CDA, whose affairs come under the authority and control of the CDA, must be approved by the Management committee.

ADOPTED

6. RESOLVED: *That Executive Council requests the Council on Constitution and By-Laws to recommend the necessary by-law to officially change the name of the Finance Committee to Management Committee.*

ADOPTED

C.I.D.A.

7. C.I.D.A. has organized a series of seminars to keep Canadian non-government offices informed on C.I.D.A. activities (May 23-31).
8. The first seminar in the series is scheduled for March 2 and 3 in Ottawa and Dr. Mussells and Mr. Stevenson will represent C.D.A.
9. Council was informed by Mr. Roger Wilson that C.I.D.A. no longer has funds available to support sending Canadian dentists to the Caribbean, except as participants in a preventive care program.

The Board was informed that \$10,000 has been offered for developmental purposes.

C.D.A. JOURNAL - APPLICATIONS FOR EDITOR:

10. MOTION: "That a Search Committee for a Journal Editor be reconvened and instructed to attempt to acquire appropriate personnel to manage the CDA Journal."

The Council on Information Services has been given the task of considering the situation and making recommendations to the Board of Governors.

MEDIFACTS:

11. RESOLVED: *That the Medifacts Program henceforth be known as the Dentafacts Program.*

ADOPTED

12. RESOLVED: *That Executive Council recommend to the Board of Governors that the Canadian Dental Association disassociate itself from all aspects of the cassette program of Medifacts Limited.*

ADOPTED

EXECUTIVE COUNCIL

ANNUAL REPORTS - C.F.D.E. AND N.D.E.B.

13. *RESOLVED: That NDEB and CFDE be asked to present their full annual report, including financial statement and grants to the Board of Governors.*

ADOPTED

14. *RESOLVED: That this Board urge the NDEB to notify the students' representatives to attend their Board meetings in total and that they be able to participate in the discussions at these meetings.*

ADOPTED

15. SEAL OF RECOGNITION:

- RESOLVED: That Executive Council accepts the recommendations set out in Mr. Mills' (legal counsel's) letter and that immediate steps be taken to implement them.*

ADOPTED

The recommendations are:

- (1) *RESOLVED: to take immediate steps to have your liability insurance coverage reviewed and enlarged without delay;*

and

ADOPTED

- (2) *to consider establishing a policy which would require any manufacturer who seeks your endorsement to sign an application form which would confirm certain conditions that must be complied with by the manufacturer in return for the application being considered and processed;*

Received as information.

and

- (3) *to consider establishing a policy which would require any manufacturer whose product is to receive the Association's endorsement, to enter into a standard agreement with you in writing, and under seal, spelling out the conditions under which the endorsement is given and on which it may be terminated.*

Received as information.

C.D.S.P.I. REPORT:

16. *The C.D.S.P.I. report which was presented by Dr. Durran is attached as Appendix I.*

APPENDIX 1

PAST PRESIDENTS' ANNUAL MEETING:

17. *RESOLVED: That C.D.A. past presidents on request each year may receive copies of minutes of Executive Council and further, that past presidents be recognized at annual CDA conventions by being given a ribbon and name plate and that a list of all past presidents be placed in the convention program.*

EXECUTIVE COUNCIL

And further that the Executive Council concurs with the annual Past Presidents' meeting such that we suggest it become a part of the formal Convention Program

And that the Executive Council would be pleased to receive a report from each such meeting.

ADOPTED

F.D.I. CONVENTION:

18. RESOLVED: *That Executive Council accept with regret the resignation of Dr. Murray Cornish as Chairman of the CDA Convention Committee and FDI Organizing Committee.*

ADOPTED

19. RESOLVED: *That Dr. W. G. McIntosh be asked to serve as Chairman of the Convention Committee.*

ADOPTED

20. RESOLVED: *The Canadian Dental Association reaffirms the FDI Congress Committee to be the Convention Committee of CDA for the FDI Congress.*

The Executive Council of CDA concurs with the 15 points in the letter of December 17, 1976 from the Congress Committee to CDA, signed by Dr. McIntosh,

The Convention Committee of CDA is thereby authorized to proceed with the development of the 1977 FDI Congress Convention.

ADOPTED

21. RESOLVED: *That the FDI Nucleus Committee be authorized expenses up to \$200.00 per month on behalf of the Chairman and the Committee.*

ADOPTED

22. RESOLVED: *That the action taken by Drs. Moran and Rife in terminating CDA's relationship with Interface be ratified.*

ADOPTED

23. RESOLVED: *That the Executive Director of the CDA be Congress Treasurer.*

ADOPTED

EXECUTIVE COUNCIL

1978 CONVENTION, WINNIPEG:

24. **RESOLVED:** *That the Convention program in Winnipeg be developed for CDA by the Manitoba Dental Association on behalf of CDA and*
- That the Committee to develop, manage and put on the Convention be that Committee as proposed by the Manitoba Dental Association and*
- That this Committee be and act as the Convention Committee of the CDA for the year 1978.*

ADOPTED

PUBLIC RELATIONS:

25. **RESOLVED:** *That CDA obtain a further public relations proposal and that the area of public relations be thoroughly investigated.*

ADOPTED

AIB AND ANTI-COMBINES ACT:

26. **RESOLVED:** *That any current information relative to principles and guidelines that CDA has ascertained concerning the Anti-Combines Act and AIB be distributed to the Corporate bodies to assist their activities at the local level*
- and*
- That reciprocity of information be established.*

ADOPTED

CANADIAN SOCIETY OF DENTISTRY FOR CHILDREN:

27. In response to a request from the Canadian Society of Dentistry for Children, Executive Council approved the following motion:

MOTION: *That the Canadian Society of Dentistry for Children be granted affiliation status with CDA."*

RESOLVED: *That the Canadian Society of Dentistry for Children be granted group status with CDA.*

ADOPTED

(Drs. Rife and Moran abstained)

REZONING APPLICATION - 1815 ALTA VISTA DRIVE:

28. Alderman Don Kay of Alta Vista Ward, met with Executive Council to discuss the present zoning restrictions on the headquarters building.

EXECUTIVE COUNCIL

He stated on behalf of local residents that increased traffic flow in the area could not be contemplated both from a safety and aesthetic viewpoint. However, Mr. Kay was of the opinion that a mutually satisfactory solution could be reached, based on CDA's agreement to lease only to tenants who would not greatly affect traffic flow in the area, e.g., lawyers, architects, medical or dental specialists, etc.

The Chairman thanked Mr. Kay for addressing Council and assured him of CDA's co-operation. Mr. Kay agreed to report back to the Executive Direct on progress made on the rezoning application.

The Board received this as information.

COUNCIL ON EDUCATION:

29. RESOLVED: *That the Council on Education discontinue the survey program for dental assisting programs .*

DEFEATED

30. RESOLVED: *Whereas there appears to be an excessively heavy workload on members of the Council on Education when it is compared to other Councils of the Association, and*

Whereas there appear to be several distinctly defineable areas of overview and operation of matters under the jurisdiction of the Council

Therefore be it resolved that the Council on Education be requested to examine its terms of reference and activities in the context that it would be wise to divide the present Council into two or three new Councils specifically related to these distinguishable functions.

ADOPTED

1977 CDA/ACFD ANNUAL TEACHING CONFERENCE - QUEBEC CITY:

31. The 1977 CDA/ACFD Annual Teaching Conference will be held in June 1977 in Quebec City in conjunction with the House of Delegates. The topic of the Conference, as recommended to the Council on Education, will be "Physical diagnosis in dental education". Dr. K.C. Bentley, McGill, was invited to organize and chair the Conference.

The Board received this as information.

EXECUTIVE COUNCIL

REGISTER OF APPLICANTS AND APPLICATIONS:

32. In the minutes of the November meeting of ACFD, it was reported that data for this register was collected by ACFD/AFDC and computerized gratuitously at the University of Manitoba.
33. It is not possible for the University to continue to provide this service free of charge and a survey of computer costs at other centres discloses a prohibitive expenditure for data processing.
34. The Executive Director was requested to establish the cost of compiling and processing the data and then to contact CFDE regarding the possibility of a grant to continue publishing these statistics.
35. Miss Linda Teteruck reported to Executive Council that approximately 250 copies were distributed annually to universities and interested individuals.

The Board received this as information.

LOGISTICS:

36. Mr. Stevenson, at the request of the President, provided a report on the increased activity within CDA in 1976 and 1977. Council by means of the following motion, requested additional input:

RESOLVED: That the Executive Director review the present status of staff and administrative needs of the CDA office and present recommendations at the next Executive Council meeting which will effect a more efficient operational office and further that the Management Committee, in concert with the Executive Director, develop goals, structure and general recommendations concerning development of appropriate operational needs.

ADOPTED

37. The Executive Director's recommendations included appointment of a Director of Administration and a Director of Member Services and Council then approved the following motion:

RESOLVED: That the recommendations of the Executive Director be approved in principle and referred to the Management Committee for development of terms of reference, and selection of appropriate personnel for approval by Executive Council.

ADOPTED

EXECUTIVE COUNCIL

CONVENTION CO-ORDINATOR:

38. *RESOLVED: That Executive Council empower the Management Committee to look at the possible position of Convention Co-ordinator who would also handle public relations and membership services.*

ADOPTED

EXECUTIVE COUNCIL LIAISON:

39. *RESOLVED: That Executive Council liaison be established with all other Councils of CDA.*

ADOPTED

40. Executive Council approved the following Executive liaison appointments:

Dr. Covit	-	Health Care
Dr. Dexter	-	Education
Dr. Mussells	-	Hospital Services
Dr. Gray	-	Ethics
Dr. Rife	-	Information Services
Dr. Moran	-	Insurance & Investment; FDI

41. The following Management Committee recommendations re guidelines and terms of reference for Executive liaison appointees were adopted by the Board.

- (1) *The Executive liaison person will be a member of Executive Council and will be appointed annually by the President.*
- (2) *Appointments will be made to Councils, Committees, etc. of the Association and will include all Committees and sub-Committees of a Council, as a liaison duty.*
- (3) *Attendance will be required at all Council meetings possible and such other Committee and Sub-Committee meetings of Council which, in the opinion of the Executive Liaison person, are deemed advisable.*
- (4) *The Executive Liaison person will be an ex-officio member of the Council without a vote on Council but with the right to attend all sessions of Council or Committees and/or Sub-Committees, including "in camera" sessions.*
- (5) *The Executive Liaison person will be bound by the same rules of Councils, Committees and Sub-Committees as apply to elected Council members.*

EXECUTIVE COUNCIL

Guidelines & Terms of Reference for Executive Liaison Appointees - cont'd

- (6) *The Executive Liaison person will endeavour to convey and interpret all regulations, motions and opinions of the Board of Governors, Executive Council and the President to the Council, and, in turn, will endeavour to convey to the Executive Council all recommendations, attitudes and opinions of the Council.*

ADOPTED

42. RESIGNATION - DR. S. SILVER:

RESOLVED: *That Dr. Sidney Silver has served the Canadian Dental Association with distinction and has been a member of its Executive Council for almost four years, where his contributions have been outstanding.*

It is with sincere regret that the Executive Council accepts the resignation of Dr. Silver from the Executive Council and the Board of Governors.

ADOPTED

REMUNERATION - EXECUTIVE COUNCIL:

3. RESOLVED: *That the per diem for Executive Council members be increased to \$300.00 per day.*

DEFEATED

4. RESOLVED: *Whereas expenses have increased, the per diem for Executive Council members shall be \$200.00 per day, subject to Board approval*

ADOPTED

5. RESOLVED: *That the Board approve increasing the Presidential per diem allowance from \$200.00 to \$250.00 when performing responsibilities associated with the office of President and further that an honorarium of \$6,000.00 per annum be approved for both the Past President and the President Elect, all of which to become effective with the installation of the incoming 1977-78 President.*

ADOPTED

(Dr. Rife abstained)

EXECUTIVE COUNCIL

COUNCIL MEETINGS:

46. RESOLVED: *Whereas each Council and Committee rarely meets more than once or twice a year*

and

Whereas these meetings are regularly being held on weekends

and

Whereas this practice causes serious problems of staff allocation,

Be it therefore resolved that meetings of Councils and Committees will no longer be convened on weekends.

ADOPTED

COUNCIL ON ETHICS:

47. RESOLVED: *That CDA evolve guidelines for the Code of Ethics and that the Council on Ethics be granted a \$2,000.00 budget.*

ADOPTED

48. RESOLVED: *"That Executive Council review the effect of the Combines Investigation Act particularly in regard to professional advertising and consider making representations to the Federal Government perhaps in concert with other professional associations.*

ADOPTED

DIRECTOR OF STUDENT AFFAIRS:

49. RESOLVED: (a) *That a Director of Student Affairs be appointed*
(b) *That each dental student association at each university be contacted directly*
(c) *That the graduate insurance package be promoted by the Director of Student Affairs.*

ADOPTED

EXECUTIVE COUNCIL

CDA GRANTS FROM CORPORATE MEMBERS:

50. **RESOLVED:** *"That in those provinces where a licence and registration fee are assessed to graduates at mid-year, that the Corporate membership fee along with the individual membership fee be assessed at a half-year rate."*

ADOPTED

The Executive Director was requested to send a letter to all Corporate members to this effect.

A.D.A. MEETING, MARCH 11 and 12, 1977:

51. Preliminary Agenda:

- I. Welcome and Introductions -- 9:00 a.m., Friday, March 11
Dr. Michael J. Crompton, president, Canadian Dental Association
Dr. Frank F. Shuler, president, American Dental Association
- II. The Illegal Practice of Dentistry
Mr. Bernard J. Conway, assistant executive director for
legislation and legal affairs, American Dental Association
- III. Current and Future Delivery Systems: National Health Programs,
Third Party Programs, Health Service Agencies, Peer Review
Systems
Mr. Eric M. Bishop, assistant executive director for dental
health, American Dental Association
- IV. Continuing Education and Accreditation
Mrs. Lois L. Schuhrke, director, Continuing Education
Registry, American Dental Association
- V. ADA Public Education Program
ADA staff
- VI. Communicating with the Profession
Dr. C. Gordon Watson, executive director, American Dental
Association
- VII. The American Dental Political Action Committee
Mr. Bernard J. Conway
- VIII. 65th Annual World Dental Congress, Federation Dentaire Inter-
nationale, Toronto, October 22-28, 1977
- IX. Open Discussion
- X. Adjournment -- 11:30 a.m., Saturday, March 12

EXECUTIVE COUNCIL

REPRESENTATION FROM QUEBEC:

52. In response to a request for clarification of Quebec's representation at the interim Board meeting, the Board approved the following resolution:

RESOLVED: That the present Quebec representation on the Board of Governors be maintained through 1976 and that if similar circumstances arise in other provinces in the future, the same privilege be granted. (1975T51)

ADOPTED

RESOLVED: That representation at this Interim Board of Governors' meeting be the same for all provinces as was in effect at the 1976 Board of Governors' meeting in Edmonton.

ADOPTED

VOLUNTARY MEMBERSHIPS - 1977:

53. As of February 23, 1977, there were 600 members from Quebec and 2,420 from Ontario.
54. The membership from Quebec is the result of the first letter from the Quebec Association and C.D.A. billing, and the 1,500 non-members in Ontario will receive a final letter in March.
55. We would once again like to thank Dr. Treleaven and his committee from the O.D.A. for the excellent membership campaign on behalf of C.D.A.
56. We would also like to thank Dr. Covit for his efforts on our behalf and for the support from the Quebec Dental Surgeons' Association.
57. *RESOLVED: That the CDA Journal will no longer be mailed to non-members in Ontario.*

ADOPTED

58. The first newsletter will contain an announcement that in future the Journal will only be available to members of CDA.

59. *RESOLVED: That the Executive Council report be adopted.*

ADOPTED

60. TRANSACTIONS:

RESOLVED: That all directives, recommendations and motions be included in the body of the Board report and appendices be added to reports for information only.

ADOPTED

EXECUTIVE COUNCIL

(MOTIONS FROM C.D.S.P.I. REPORT)

61. RESOLVED: That we agree in principle to the increasing of the life insurance ceiling to a maximum of \$300,000.00 after consultation with Imperial Life for the reason of determining what effect this should have on the portion which is on retention.

ADOPTED

62. RESOLVED: That we authorize the increase of 10% in coverage on the snowball figure, but the increase to be evened upwards to the nearest thousand.

ADOPTED

63. RESOLVED: That the escalation clause - 5% increase in coverage rounded off upward to the nearest \$10.00, with a corresponding 5% increase in premium be maintained and that the cost for those on claim be assessed against the claims stabilization fund.

ADOPTED

64. RESOLVED: That we accept the change in wording in the General Insurance Contract.

ADOPTED

65. RESOLVED:

WHEREAS the premiums applicable to the General Insurance package do not appear to reflect the benefit of group purchase, and
WHEREAS the sponsorship of this package places a responsibility on the sponsor to oversee the plans, and
WHEREAS sponsorship does not appear to result in substantially better policy provisions,
THEREFORE, it is recommended (a) that C.D.A. withdraw its sponsorship of the General Insurance package with the exception of the business portion of the package and (b) that the withdrawal from the sponsorship follow the steps as outlined in T. Harriott's letter of December 14/76, which is attached as Appendix B.

ADOPTED

66. RESOLVED:

- (a) that a Director of Student Affairs be appointed
- (b) that each dental student association at each university be contacted directly.
- (c) that the graduate insurance package be promoted by the Director of Student Affairs.

ADOPTED

EXECUTIVE COUNCIL

67. RESOLVED: *"That malpractice insurance be reviewed with a view to increasing coverage up to \$1 million and supplementing existing malpractice policies."*

ADOPTED

68. RESOLVED: *"That we leave the Imperial Life Undergraduate Insurance as is at the present time."*

ADOPTED

69. RESOLVED: *"That we not introduce the A.I.D. program at the present time."*

ADOPTED

70. RESOLVED: *"WHEREAS the profession's requirements are constantly changing and
WHEREAS our insurance consultant has recommended that re-tendering of the plans is the most efficient method of assuring that the plans are competitive and meet the needs of the profession
BE IT RESOLVED that the Interim Insurance Council recommend to the C.D.A. that all insurance contracts be re-tendered in 1977."*

ADOPTED

71. RESOLVED: *"That Mr. T. Harriott be retained as the primary consultant to the Interim Council on Insurance for the purpose of re-tendering all insurance plans."*

ADOPTED

72. RESOLVED: *"That C.D.S.P.I. provide the interim financing, at no interest, to support the cost of re-tendering the insurance plans and that these costs be recovered from the plans."*

ADOPTED

73. RESOLVED: *"That (a) the underwriting
and
(b) the administration and marketing be
tendered and bid on separately*

and when tenders are requested, it be indicated that the lowest or any tender will not necessarily be accepted."

ADOPTED

EXECUTIVE COUNCIL

74. RESOLVED: "WHEREAS certain men develop medical problems which are not insurable under the terms of our present benefit plans and WHEREAS these men cannot extend or increase their respective coverages or acquire a new coverage in our existing benefit plans THAT we hereby agree that our carriers be allowed to provide these men, when requested, with an alternate plan, and that this be accomplished through the offices of the C.D.S.P.I."

ADOPTED

75. RESOLVED: "That the Interim Council on Insurance and Investment recommends that during the year 1977, Regional or National Convention Meetings refrain from making space available to Insurance Carriers and Investment Companies."

ADOPTED

76. RESOLVED: "That C.D.S.P.I. have an observer present for the negotiations which are planned between C.D.A. and the provinces."

ADOPTED

The Ad Hoc Committee is now discharged.

REPORT OF C.D.S.P.I. AND INTERIM COUNCIL ON INSURANCE & INVESTMENT

Members of this Board and Committee are: Dr. M.D. Charendoff
 Dr. R. Dupont
 Dr. J.E. Durran
 Dr. J.C. Giguere
 Dr. R.L. Moran
 Dr. R.L. Rasmussen

Executive Committee Members are: Dr. J.E. Durran
 Dr. R.L. Moran
 Mrs. E. Schmidt
 Dr. M.D. Charendoff, Special Consultant

Executive Committee meetings were held on: September 23, 1976
 October 12, 1976
 November 22, 1976
 December 6, 1976
 January 25, 1977
 February 7, 1977

Board and Council Meetings were held on: October 15, 1976
 December 10, 1976
 February 11, 1977

As Chairman, and consequently the person responsible for the preparation of this report, I have chosen to use the "Topic Method" rather than detail a chronological history of the Committee's activities.

I. LIFE PROGRAM - IMPERIAL LIFE:

RESOLVED: "That we agree in principle to the increasing of the life insurance ceiling to a maximum of \$300,000.00 after consultation with Imperial Life for the reason of determining what effect this should have on the portion which is on retention."

ADOPTED

Comment - Letter from Don Jarvis of Imperial Life to Mrs. Schmidt, dated November 26, 1976:

Re: National/Provincial Life Insurance Plan:

"The increase of the available maximum to \$300,000.00 is a valid proposition and we see no reason why it should not be done. The effect of this increase on the amount that is applicable to your retention cannot be determined at this time and we would not suggest any increase until we have some indication of the response to this new amount. It should be reviewed on a yearly basis and, given sufficient response, increased retention would be logical. In the meantime, and as a general yardstick, we suggest that the amount on retention should be in the area of the average amount of insurance per life. The current figure of \$61,000.00 should be in the area of that average. Once the year end statistics are available, we can give you more specific information."

Action: - Request C.D.A. to approve increase.

Life Program - cont'd

RESOLVED: *"That we authorize the increase of 10% in coverage on the snowball figure, but the increase to be evened upwards to the nearest thousand."*

ADOPTED

Comment: This motion was forwarded to the C.D.A. Executive for approval, which was received.

Action: Coverage was increased as recommended.
*N.B. This increase of 10% in coverage is a maintenance of the same increase that was approved a year ago.
 The 10% increase in coverage is provided without medical evidence.
 If an option were provided, medical evidence would be requested.*

II. INCOME DISABILITY - CNA:

RESOLVED: *"That the escalation clause - 5% increase in coverage, rounded off upward to the nearest \$10.00, with a corresponding 5% increase in premium be maintained, and that the cost for those on claim be assessed against the claims stabilization fund."*

ADOPTED

Comment - There was some question about the validity of paying a 5% increase in premium for a 5% increase in coverage - this was referred to T. Harriott who replied that this was reasonable.
 The motion was forwarded to the C.D.A. Executive and was approved.

Action: - The increases were introduced in the December billings.

N.B. In the original master contract, provision was made for increase in coverage as related to the increase in the cost of living index.

III. GENERAL INSURANCE:

RESOLVED: *"That we accept the change in wording in the General Insurance contract."*

ADOPTED

Comment - These changes and the above motion were referred to the C.D.A. Executive and were approved.

Action - CNA was informed of the acceptance.
 Changes are found in Appendix A ** Page 25.
 There had been considerable discussion regarding the wisdom of the continued sponsorship and support of the package, therefore, the following motion is presented for your consideration:

RESOLVED: *"WHEREAS the premiums applicable to the General Insurance package do not appear to reflect the benefit of group purchase, and
 WHEREAS the sponsorship of this package places a responsibility on the sponsor to oversee the plans, and
 WHEREAS sponsorship does not appear to result in substantially better policy provisions,
 THEREFORE, it is recommended*

(a) That C.D.A. withdraw its sponsorship of the General Insurance package with the exception of the business portion of the package and

*(b) That the withdrawal from the sponsorship follow the steps as outlined in T. Harriott's letter of December 14, 1976, which is attached as Appendix B. ** Page 27.*

ADOPTED

IV. GRADUATE PACKAGE:

Protection is available for a period of approximately 6 months; at no premium.
Benefits are: \$500,000.00 Malpractice and liability protection (except Ontario)
 \$ 20,000.00 Term Life, in addition to the
 \$ 5,000.00 available as an undergraduate
 \$ 600.00 per month income protection
 \$ 500.00 per month office overhead and
 \$ 500.00 per month of 12 months under A.I.D plan.

Graduate Package (continued)

Promotion of the Graduate Package - in consultation with Miss L. Teteruck, it was decided to send the information material to the student reps. approximately 2 months prior to graduation.*

Then a letter has been written to the Provincial Presidents which requested their assistance in the distribution of the packages at the time of graduation.

- RESOLVED: (a) *that a Director of Student Affairs be appointed*
 (b) *that each dental student association at each university be contacted directly*
 (c) *that the graduate insurance package be promoted by the Director of Student Affairs."*

ADOPTED

Further, Mr. T. Harriott has been requested to prepare a verbal presentation for use by Provincial Presidents or Chairmen of Insurance Councils. This presentation is to be used as an address to the graduating class by these persons. It will be sent to those concerned along with encouragement to use it.

V. MALPRACTICE COVERAGE - CNA:

Council on Insurance was surprised and angry to learn of the proposed increase in Malpractice Insurance premiums. Representatives from CNA were questioned as to the reasons underlying the magnitude of the increase. Since this plan is not "on retention" there is no method which can be used to accurately analyze the validity of the increase. Therefore, the matter was referred to the consultant, T. Harriott, for an opinion regarding the coverage and premiums. His reply stated that the premium was not unreasonable for the coverage afforded. The increase was accepted as presented and approved by C.D.A. Executive.

- RESOLVED: *"That malpractice insurance be reviewed with a view to increasing coverage up to \$1 million and supplementing existing malpractice policies."*

ADOPTED

VI. COMMUNICATION WITH THE PROVINCES:

A letter has been sent to all Provincial Secretaries which requests their assistance and that of their Insurance Committees. This assistance to take the form of recommendations regarding review and upgrading of our insurance plans.

C.D.A. has been requested to enlist the aid of the respective Provincial Colleges and Sections of the C.D.A., with regard to the status of the procedure known as Ramus Blade Implants.

All provinces have been contacted with regard to the Graduate Package.

VII. SAMPLING OF THE MARKET (Insurance)

Council on Insurance has agreed that it would be a worthwhile exercise to obtain comparative figures between our plans and those available on the open market.

"Sampling of the Market" (excerpt from Interim Council on Insurance Minutes, Dec. 10, 1976):

"To facilitate the proposed sampling of the market programme, a chart had been prepared by Mrs. Schmidt, showing the coverage available in the different plans provided through C.D.S.P.I. These charts were distributed to all present.

Dr. Durran explained what they hoped to accomplish was to involve the O.D.A., Quebec and the West in a comparative shopping of the insurance market. This is closely allied with a letter to the provincial secretaries to be submitted for approval by the Committee, regarding upgrading of the Plans. If the insurance Council of the Provinces don't know what we offer and how it stacks up with what is available on the market, then they would not be able to feed the Committee worthwhile information.

"What is proposed is that the Chairmen of four insurance councils go to work with their committees - select certain men in the various age groups that are outlined in the chart; zero in on those age groups and give the man a question sheet and have him call a couple of representatives and ask the representatives of the particular companies that he calls for a proposal which meets the outlines in the fact sheet that the chairman of the committee has given him.

It was agreed that "Rehabilitation" and "Cost of Living Escalation" would have to be eliminated from the market survey as it was doubtful there was any plan which had these items included, so comparison was not possible.

The Chairmen of the Insurance councils, plus whoever has to deal with them is going to have to do some homework and find out what is comparable.

For this survey both benefits and costs are requested."

(Excerpt from Minutes of the Interim Council on Insurance Minutes, page 2, December 10, 1976):

Dr. Rasmussen felt the record with everything on was of paramount importance but also promotion of one plan here and another one there to keep them informed as to what exists, as the participants will absorb a little piece better than they will absorb 10 pieces. This will keep C.D.S.P.I.'s image in front of everybody at all times and hopefully they will begin to use C.D.S.P.I. a little.

Dr. Diner "I think our priority and our goal is to have 100% of dental population insurance with C.D.S.P.I. I think another goal that we have is to average out in terms of age as young as we can, so possibly we can keep our premiums down. I feel we have to grab the young but I don't see why we can't grab them while they are in dental school and add on 3 more years to our benefit and then give them a graduate package on top of that and then we won't have the problem with the 40 year olds in the future."

Dr. Charendoff: "It is interesting that you should be talking about the priorities being in the younger groups. You are ignoring up to half of the people who practice dentistry in this country. You can't seem to reach them because you are not necessarily thinking what they think or how they think. Now, if you want to have people across this country belonging to the C.D.A., you have to give them a reason. Without the C.D.A., this while affair here is going to flounder because then everyone will start to regionalize and do their own thing. What we have here is the possibility of building up a very strong and good thing. Now, the rest of the country may feel secure in the fact that belonging to C.D.A. is mandatory but it is not going to be that way for long, so therefore you are going to have to give everybody a reason for belonging to C.D.A., young and old alike. We are all going to have to pull together."

Dr. Charendoff added that he felt the dental profession was so unsophisticated they did not know what plans were available and in order to reach those not in the plans, we have to hard sell - the dental population have to be convinced they require insurance. Tremendous inroads have been made into our insurance policies because of ignorance. We have got to stop that and we have got to start showing comparison sheets that we are good and do have the best plans available.

Mr. Stevenson "This is a plug for the Journal, you already have something going to every dentist in Canada from the C.D.A. That is a thought, if you had one page from one Insurance Company every month in that Journal, your members are going to be notified, it is a promotional thing, you've got a whole programme."

Dr. Rasmussen agreed with the promotion in the Journal but added that while there is a P.R. that needs to go to the individual, there is the P.R. aspect to the Provinces and that is important because they also can use it to promote their images to their members, if they get behind this thing. These are the things that our associations, provincially, federally all need. The final thing is that in each province we will have very strong insurance committees, you have one in Ontario and I am glad you have, you are fortunate, but we need those Committees and we have to give them P.R. that they can use and we have to convince them that the plans are right as well, in order that they will then go and sell to the students and to the members whole-heartedly as some of our Committees are doing now."

The Board received this as information.

VIII RETENTION STATEMENTS ** Page 35

IX PROMOTION

Actions with regard to the Graduate package have already been outlined.

Undergraduate information circular is being prepared. We would appreciate C.D.A. suggestions with regard to the dissemination of this information.

Journal articles - two are being prepared by T. Harriott -

Topics are:

1. Why should a dentist insure through his/her Association sponsored program?
2. Professional Malpractice Insurance.

Further articles are under consideration.

X. R.R.S.P. NEW GUARANTEED FUND:

Council on Insurance approved the new Guaranteed fund and requested approval from C.D.A. Executive. This has been received.

C.D.A. R.R.S.P. NEW GUARANTEED VEHICLE

"Most of the complaints regarding performance have been directed against the Guaranteed Fund. During a period of time when Trust Companies have offered registered guaranteed investment certificates with interest rates exceeding 10% per annum, the CDA Guaranteed Fund has yielded less than 8.

The Guaranteed Fund was set up for a special purpose, namely to allow participants who are approaching retirement to roll their holdings over into the guaranteed fund at an appropriate time and thereby taking the element of risk out of their accounts. Royal Trust must keep a good percentage of the holdings of this fund liquid, which does not add to the performance showing.

CDA RRSP NEW GUARANTEED VEHICLE - cont'd

One year ago we asked Royal Trust whether a separate fund could be set up, in order to give dentists the opportunity to invest in guaranteed investment certificates, through their organization. The answer at the time was that Royal Trust could not arrange it. This year, we raised the same question and the answer, after some discussion, came back in the affirmative.

Royal Trust is prepared to set up a CDA Group Plan, the portfolio of which will consist of 5-year guaranteed investment certificates.

The funds will be locked in for 5 years except:

- (a) if the participant passes away
- (b) if the participant wishes to use his holdings to purchase a life annuity."

"In cases (a) and (b), there will be an interest adjustment to reflect the time the funds have been held in the account. But there will be no penalty.

The fund will in fact give the same benefits as a person can receive when buying in the open market. There will be no special benefit in investing through C.D.S.P.I. The important aspect is that they can obtain this option through C.D.S.P.I. Some participants prefer to invest a certain percentage of their contributions in a guaranteed vehicle and are happy to use either the Common Stock fund or the Fixed Income fund for the remainder. Since we have not been able to recommend the present Guaranteed Fund, they have often gone elsewhere with all their contributions.

The operation of the fund should be a simple matter to handle for C.D.S.P.I. C.D.S.P.I. will receive no fee for their work. It will simply be a service in the interest of public relations. A fee, however small, would defeat the purpose of the fund, since the interest would be lower than what the open market offers."

(Mrs.) Edith Schmidt,
Business Manager.

XI. R.R.S.P. ROYAL TRUST:

The Executive Committee met with senior representatives from Royal Trust on January 25, 1977. Discussion took place with regard to the objectives of the Plan and the investment strategies which are followed to achieve those objectives.

Royal Trust has agreed to supply investment advice for distribution to all participants.

The possibility of introducing a Balanced Fund was discussed. It might be interesting to all to note that Royal Trust's investment strategy at the moment involves the investment of approximately 35% of available funds in equity holdings. Our participants have elected to leave 55% in equity at this time. Council on Insurance and Investment needs to know more about the objectives of our participants before taking any definite action in this direction. Priority is being given to this subject.

XII STUDENT BENEFITS

In response to a request from the Canadian Dental Students' Conference regarding improved term life insurance benefits and other general insurance programs; plus some form of Tuition Refund Insurance, the Council has investigated the cost of an increase in the term life from \$5,000.00 to \$10,000.00 and has so advised the Office of Student Affairs.

Further, a copy of a proposed Tuition Refund Plan has been forwarded for their consideration and will be followed up.

RESOLVED: *"That we leave the Imperial Life Undergraduate Insurance as is at the present time."*

ADOPTED

RESOLVED *"That we not introduce the A.I.D. program at the present time."*

ADOPTED

XIII. INCOME DISABILITY FOR C.D.S.P.I. EMPLOYEES:

This plan has been upgraded to conform to the needs of the present. It is now available, as a service, to C.D.A. and all Corporate Members. It will be administered, at no charge, by C.D.S.P.I. Details are available from the C.D.S.P.I. office.

The Board received this as information.

XIV. RETENDERING OF BENEFIT PLAN:

RESOLVED: *"WHEREAS the profession's requirements are constantly changing and*

WHEREAS the present plans may not satisfy these needs and

WHEREAS our insurance consultant has recommended that re-tendering of the plans is the most efficient method of assuring that the plans are competitive and meet the needs of the profession,

BE IT RESOLVED that the Interim Insurance Council recommend to C.D.A. that all Insurance Contracts be re-tendered in 1977."

ADOPTED

Comment: After careful study of the alternatives, Insurance Council agreed that the only method available to assure complete accountability for premium dollars was the retendering benefits, to specify the method of establishing reserves, to specify what these reserves should be and who gets the interest on these reserves. Retendering also assures that we, as participants, are getting the best plan that is available in the marketplace.

For your information a sheet entitled Specification Requirements is attached. ** Page 41

RESOLVED: *"That Mr. T. Harriott be retained as the primary Consultant to the Interim Council on Insurance for the purpose of retendering all insurance plans."*

ADOPTED

RETENDERING OF BENEFIT PLAN - cont'd

RESOLVED: *"The Board agrees with the Interim Council on Insurance's request that C.D.S.P.I. provide the interim financing, at no interest to support the cost for re-tendering the insurance plans and that these costs be recovered from the plans."*

ADOPTED

Motion: Be it resolved THAT the Interim Council on Insurance of the C.D.A. have C.D.S.P.I. call for tenders on the National/Provincial Insurance Plans on the basis of:

- (1) That a) the underwriting and
b) the administration and marketing, be
tendered and bid on separately
- (2) That a) the underwriting and
b) the administration and marketing, be
tendered and bid on together.

These motions are presented for the consideration of the C.D.A. Executive Council.

RESOLVED: *"As it is impossible and impractical to accomplish the intent of this motion before it is necessary to submit premiums, therefore the Board recommends the following substitute motion:*

That (a) the underwriting

and

(b) the administration and marketing be
tendered and bid on separately

and when tenders are requested, it be indicated that the lowest or any tender will not necessarily be accepted."

ADOPTED

XV. C.D.S.P.I. ANNUAL STATEMENT: ** Page 62

This statement is presented for your information.

XVI. DRAFT AGREEMENTS BETWEEN:

C.D.A. and Provinces (Participation Agreement) Page 42
C.D.A. and C.D.S.P.I. (Administration Agreement) Page 49

These agreements are submitted with the following comments:

- (3. Termination of Participation)
That a consultant be used to determine the proper procedure of segregating the retention portion on termination.
- (4. Statements)
The Interim Council on Insurance and Investment is not satisfied with the last sentence under this heading.

Board comment: *Table and bring forward for discussion at the September Board meeting.*

XVII. NEW BUSINESS

RESOLVED: "WHEREAS certain men develop medical problems which are not insurable under the terms of our present benefit plans and

WHEREAS these men cannot extend or increase their respective coverages or acquire a new coverage in our existing benefit plans

THAT we hereby agree that our carriers be allowed to provide these men, when requested, with an alternate plan, and that this be accomplished through the offices of the C.D.S.P.I."

ADOPTED

RESOLVED: "That the Interim Council on Insurance and Investment recommends that during the year 1977 Regional or National Convention Meetings refrain from making space available to Insurance Carriers and Investment Companies."

ADOPTED

RESOLVED: "That C.D.S.P.I. has an observer present for the negotiation that is going to take place between C.D.A. and the Provinces."

ADOPTED

The Ad Hoc Committee is now discharged.

COPY.

CNA/Assurance

CNA Assurance Company

Head Office: 160 Bloor Street East
Toronto M4W 1C1

Affiliated with Canadian Premier
Life Insurance Company

Tel: 416-924-4892 Tlx 0822011

SECTION II

4(a)

APPENDIX A

August 24, 1976

Canadian Dental Service Plans Inc.
14 Madison Avenue
Toronto, Ontario
M5R 2S1

ATTENTION: Mrs. Edith Schmidt,
Business Manager

Dear Edith:

OFFICE CONTENTS SECTION OF THE
GENERAL PACKAGE

As I mentioned to you recently we have found it necessary to improve the wording of the Office Contents portion of the program to the mutual benefit of the insured dentists and CNA. I've attached a copy of the existing document and a proof of the revised wording for comparison purposes.

You will no doubt want to present these changes to the Board and in an effort to assist you with the explanation, I have taken each wording change and given you an appropriate explanation as follows:

1. Under Property Insured the words "unless otherwise insured" have been inserted to ensure that the dentists Homeowners Policy would apply since it would be the primary cover for loss of Personal Effects.
2. Under Property Excluded the words "gold and other precious metals" have been added to clarify the intent of the policy which is to exclude these items under the Basic coverage thereby providing limited cover only under "Additional Coverage" as described in Section 3 of the policy.

Mrs. Edith Schmidt

August 24, 1976

3. Under Valuable Papers and Records the words "by a peril insured against" have been added to clarify that the items are covered only for those perils provided by the policy conditions. (These words have also been added for the same purpose to Accounts Receivable and Money, Securities, Gold and Other Precious Metals.)
4. Under Money, Securities, Gold and Other Precious Metals the words "gold and other precious metals" and "robbery or attempt thereat from a custodian away from the premises while engaged in his regular duties in connection with such property within Canada or the United States of America" have been added to broaden the existing wording to cover a custodian away from the premises which was not covered previously although it was our intention to cover such losses. These words also clarify the territorial restrictions of the policy.

If you need any further elaborations I will gladly provide them, Edith. I would appreciate receiving the approval from the Board at their earliest convenience so that we can go ahead with the printing of the new policy.

Yours sincerely,

(signed)

Matt Gleeson
National Accounts Executive

MG/dc

Enc.

/COPY

HARRIOTT & ASSOCIATES OF CANADA (1974) LIMITED

GROUP INSURANCE

CONSULTING - ADMINISTRATION

Home Office: 26th Floor
One Lombard Place
Winnipeg, Manitoba
R3B 0X9

APPENDIX B

Tel: (204) 942-3136 Tlx: 07-587803

December 14, 1976

Mrs. E. Schmidt
Business Manager
Canadian Dental Service Plans Inc.
234 St. George Street
Toronto, Ontario
M5R 2N5

Dear Mrs. Schmidt:

Re: C.D.A. General Insurance

I am in complete agreement with the opinions of your executive on general insurance as related in your letter of December 8th. It has always been my contention that an association should only become involved in the sponsoring of insurance plans where this sponsorship can result in substantially better premiums and/or underwriting and/or policy provisions and hopefully all three. Then once this has been determined, the association should become involved not only in the sponsorship but in overseeing every aspect of this member service to make certain the principles on which it was adopted are maintained.

I have just looked at some general insurance specimen policies Matt Gleeson sent me last year and the auto insurance policy states on the front that it is a "Standard Automobile Policy" owners form. The Homeowners states it is a "Homeowners Economy Plus Policy". The Dental Associations and C.D.S.P.I. are displayed as being the sponsors and administrators on the promotional literature but not on the policies. In each of these cases, I would be reasonably sure that the premiums would be the same with or without your sponsorship.

I would therefore suggest that to remove your involvement in these two plans you should firstly check with C.N.A. to make certain the names of C.D.A. or the provincial dental associations as well as C.D.S.P.I. don't appear on these

December 14, 1976

Page 2

policies and if they do not, then just advise C.N.A. that you are withdrawing your sponsorship as of a particular date and that you do not intend to sponsor or promote any plans of this type at this time. Also, that as of this date C.N.A. is not to use any literature indicating sponsorship and/or involvement of C.D.S.P.I. and the associations.

I don't remember if you collect these premiums or if it's done by C.N.A. In any case as of the cut off date, it would be their responsibility and a letter from C.D.S.P.I. should go out to all insured members advising them of your actions and reasons therefor.

This letter could touch on the philosophy outlined at the beginning of my letter (if you agree). It could also point out that because of the complex nature of these forms of insurance coverage, many members can purchase equal or better coverage independently at equal or better rates and that C.D.S.P.I. feels they could be accused of misleading the membership by endorsing a plan over which they have no control as to benefits and premiums.

I think, in all fairness, this letter should point out that you feel the C.N.A. plans are good ones and that you recommend that the member not just cancel his C.N.A. plans but compare them with what he can obtain from the local independent agent.

Finally, the letter should clearly state that this discontinuance of sponsorship applies only to the auto and the Homeowners plans and that C.D.S.P.I. still sponsors the "Special Business Package for the Dental Profession" and of course the various income replacement plans.

I have a copy of the "Special Business Package" and the jacket for this is personalized as to the Dental profession and states C.D.S.P.I. is the administrator. We haven't reviewed or appraised this particular coverage as yet but the concept of applying group rules and underwriting to this type of risk is a valid one so that this plan or a plan of this nature should be part of the member's insurance services.

Also at some future date a group Homeowners and Tenants package providing superior coverage and rates to what is available on the street will be devised and this could then be considered again but I don't see auto ever being a valid association sponsored service.

With these comments, I am assuming C.N.A. will be prepared to continue the auto and homeowners independently as I assume they are pooling their dentists plans with their entire portfolio in each area. If they should say they'll cancel without sponsorship we would have to take another look at the procedure I've proposed.

December 14, 1976

Page 3

Assuming this procedure makes sense to the Executive, I would think you should then advise C.N.A. and I would be most interested in hearing their reaction.

Sincerely,

(signed)

Thomas A.D. Harriott

TADH*sh

/copy

December 8, 1976

Mr. T.A.D. Harriott
26th Floor
One Lombard Place
Winnipeg, Manitoba
R3B 0X(

Dear Mr. Harriott:

Re: C.D.A. General Insurance

At the Executive meeting of C.D.S.P.I. on December 6, 1976, the General Insurance Package was discussed. We have become aware that rates on Automobile and Home Insurance in the package are not competitive.

For quite some time the members of the Executive Committee have doubted the usefulness of the Group General Package (possibly with the exception of "Office Contents"), and have discussed the possibility of discontinuing this service to the profession.

I have been requested to write to you and ask for your opinion and find out from you what steps must be taken if the decision should be made that the group coverage be discontinued.

Enclosed are statistics showing the number of policies in force by province as at June 30, 1976.

Sincerely,

(Mrs.) Edith Schmidt
Business Manager

ES/en
encl.

<u>GENERAL INSURANCE</u>		<u>AS AT JUNE 30, 1976</u>		
<u>PROVINCES</u>	<u>NUMBER OF POLICIES</u>	<u>PERCENTAGE</u>		
British Columbia	200	10.2%		
Alberta	48	2.5%		
Saskatchewan	1	.1%		
Manitoba	2	.1%		
Ontario	1,496	76.4%		
Quebec	183	9.3%		
New Brunswick	9	.5%		
Nova Scotia	15	.8%		
Newfoundland	1	.1%		
Prince Edward Island	NIL	-0-		
	1,955	100.0%		
<u>DISTRIBUTION:</u>	<u>HOMES</u>	<u>AUTOS</u>	<u>BUSINESS</u>	<u>POLICIES</u>
	230	364	1,617	1,955

/Copy



Canadian
C.D.S.P.I.
Canadian Dental Service Plans Inc.

To the "1977" Graduating Class

Your National and Provincial Dental Associations have long recognized the fact that it is imperative to have insurance programs tailored to the needs of the dentist and, consequently, special programs have been devised. Because of a special concern that your Associations have for NEW GRADUATES, a program has been developed to aid you during most of 1977 while you are finding out exactly what you, as a practising professional, need in the way of personal insurance coverage.

WITHOUT COST TO YOU and with the compliments of your National and Provincial Dental Associations, the following benefits are being provided to you from the date of your graduation to the next renewal date of the plans:

\$500,000	of Malpractice and liability protection*
\$ 20,000	of Life Insurance protection
\$ 600 per month	of Personal Disability protection

/COPY

YOUR NATIONAL/PROVINCIAL
INSURANCE & INVESTMENT PLANS



APPLICATIONS FOR INSURANCES
(Please print)

I, do hereby

apply to: CNA Assurance Company
The Imperial Life Assurance Company of Canada, and
Laurier Life Insurance Company

jointly and severally, for the coverages offered to the "1977 GRADUATING CLASS"
on the basis of the information indicated below:

SURNAME

FIRST NAME (2ND NAME)

BIRTH DATE MONTH DAY YEAR

GRADUATED FROM DATE

I AM LICENSED TO PRACTISE IN THE PROVINCE OF

BENEFICIARY LIFE INSURANCE
(name in full)

RELATIONSHIP

BENEFICIARY A.I.D. PLAN
(name in full)

RELATIONSHIP

OFFICE OVERHEAD REQUIRED YES NO

DATE SIGNATURE OF APPLICANT

OFFICE ADDRESS

.....

For office use only:

RETURN TO: Canadian Dental Service Plans Inc.
234 St. George Street
Toronto, Ontario M5R 2N5

LES RÉGIMES NATIONAUX/PROVINCIAUX D'ASSURANCE ET D'INVESTISSEMENT

PROPOSITIONS D'ASSURANCES (Veuillez imprimer)

Je, par la

présente, propose à: La Compagnie d'Assurance CNA
 L'Impériale, Compagnie d'Assurance-Vie du Canada et
 Laurier, Compagnie d'Assurance-Vie

conjointement et solidairement, pour les protections offertes à la "CLASS
GRADUES (E) de 1977" sur la base des déclarations faites ci-dessous.

NOM DE FAMILLE

PRÉNOMS

DATE DE NAISSANCE MOIS JOUR ANNÉE

GRADUE (E) DE DATE

JE SUIS AUTORISÉ (E) À EXERCER DANS LA PROVINCE DE

BENEFICIAIRE ASSURANCE-VIE
(nom et prénoms)

LIEN DE PARENTÉ

BENEFICIAIRE PLAN "A.I.D."
(nom et prénoms)

LIEN DE PARENTÉ

ASSURANCE DES FRAIS DE GESTION DESIRÉE - OUI NON

DATE SIGNATURE DU CANDIDAT

ADRESSE DU CABINET

(A l'usage du bureau seulement)

RETOURNER À Canadian Dental Service Plans Inc.
234 St. George Street
Toronto, Ontario M5R 2N5

IMPERIAL LIFESTATEMENT OF RETENTION1 DECEMBER 1975 - 30 NOVEMBER 1976--COMMENTS--

In some areas changes were made in the method of reporting during this fiscal year. Some changes were prompted by pressure from C.D.S.P.I., others were implemented without C.D.S.P.I. intervention.

- 1) Premiums received This figure represents 100% of premiums for insurance coverage up to \$55,000.00. In the past this column only showed 95% of premium, i.e. Imperial only listed the money they received from C.D.S.P.I. The 5% of premium retained by C.D.S.P.I. was excluded. In this manner, Imperial in the past cheated themselves out of .75% of premium for their own retention. (In the current year this would have amounted to \$3,928.34). The amazing thing is not that Imperial corrected this. The amazing thing is that they have not corrected it before.
- 2) Retention This amount reflects 15% of premium (14.25% previously). The break down into detailed services which make up this percentage was listed in last year's comments.
- 3) Catastrophic risk charge 1% of premium - explained in last year's comments.
- 4) This deduction from the fund can be debated. When questioned why the stabilization fund has to carry the cost of the 5% premium reduction for the portion which is not on retention, Imperial answered that this has been agreed upon by the C.D.A. Council on Insurance. However, they had nothing in writing to that effect. This item should probably be re-negotiated.
- 5) A detailed claims list is attached. C.D.S.P.I. will check every claim on the list. The claim in the amount of \$60,000.00 which Imperial deducted from the Fund in error last year, has been added back into the Fund.
- 6) Increase in Level Premium Reserve. C.D.S.P.I. asked Imperial some time ago why this amount had to be deducted from the stabilization Fund. This method of reporting meant that the Fund lost in excess of \$10,000.00 per annum in interest income. Imperial later expressed their willingness to add the amount to the Fund and instead list the reserve by a footnote as a liability.
- 7) Administration fee to C.D.S.P.I. - 5% of premium collected withheld by C.D.S.P.I.

8) Interest

1 year Royal Trust Investment Certificate rate of 1 December 1975 was 9½%.

The amount of last year's stabilization reserve was \$817,048.08
 9½% of \$817,048.08 = \$ 77,619.55

In addition, interest was given

a) on the claim reversal	9½% of \$ 50,000.00 = \$ 4,750.00
b) on the level premium reserve liability	9½% of \$111,231.03 = \$ 10,566.95
c) on the cash flow at the average rate on demand deposits	8% of \$105,438.70 = \$ 8,435.10
	<u>\$101,371.60</u>

The interest in (c) is a result of Dr. Durran's enquiry at a CDA/CDSPI Ad Hoc Committee meeting attended by Imperial. Dr. Durran felt the Fund should be credited with interest on the cash flow. The figure on which this interest is calculated cannot be completely checked by C.D.S.P.I. Considering certain factors, \$8,435.10 is a reasonable amount for the current year.

It must be noted that the gross stabilization reserve in the amount of \$1,093,405.04 includes a liability of \$115,983.86. The true stabilization reserve on November 30, 1976 is, therefore, \$977,421.88.

STATEMENT OF RETENTION

Amounts of insurance up to an agreed upon "retention limit" are accountable to the plan on a "retention basis". The retention limit was \$50,000.00 from the inception of the plan until 1 September, 1975 when it was increased to \$55,000.00. The following is the retention statement.

	<u>From 1 Dec. 1975 to 30 Nov. 1976</u>	<u>From Inception (1 Oct. 1969) to 30 Nov. 1976</u>
1) Premiums received	\$523,780.92	\$2,273,520.30
2) Retention	78,567.14	367,717.62
3) Catastrophic Risk Charge	5,237.81	14,665.41
Premium Adjustment	-	2,000.00
4) Premium - 5% Rate Reduction on pooled portion	13,032.61	13,032.61
	\$96,837.56 (-)	\$397,415.64 (-)
5) Claims	337,000.00 (-)	964,500.00 (-)
6) Increase in Level Premium Reserve	111,231.03 (+)	-
7) Administration fee to C.D.S.P.I.	26,189.05 (-)	26,189.05 (-)
8) Interest	101,371.62 (+)	207,989.43 (+)
Gross Fund	\$276,356.96	\$1,093,405.04

Analysis of Gross Fund

Effective December 1, 1975, the Rate Stabilization Reserve and the Actuarial liabilities were combined to form a Gross Fund. Interest has been credited on this fund for the 75/76 policy year. The Gross Fund, as it stood on December 1, 1976 was as follows:

Actuarial liabilities:

Level Premium Reserve	\$103,805.53	
Guaranteed Purchase Option Reserve	10,475.18	
Waiver Dis. Reserve (Level Premium)	1,703.05	
		<u>\$115,983.76</u>

Rate Stabilization Reserve		<u>977,421.28</u>
----------------------------	--	-------------------

Gross Fund		1,093,405.04
------------	--	--------------

Interest Earned

- (1) Interest has been earned at the rate of $9\frac{1}{2}\%$ the rate earned by one-year G.I.C.'s on 1 December 1975 for the 75/76 policy year, on these amounts:

Gross Fund @ 1/12/75:	
Actuarial liability	\$111,231.03
Rate Stabilization Reserve	817,048.08
Claim Reversal	<u>50,000.00</u>
	\$978,279.11
	<u>at $9\frac{1}{2}\%$</u>

Interest	\$ 92,936.52	\$92,936.52
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- (2) Effective with this policy year, interest has been credited on the cash flow. The rate of interest is 8%, the rate earned by demand deposits throughout most of the year.

Interest on cash flow	\$ 8,435.10	\$ 8,435.10
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Total interest earned		<u>\$101,371.62</u>
-----------------------	--	---------------------

Significant Changes in the Plan During the Year

- (1) Amounts of insurance had been increased 10% effective 1 September 1975 at no cost to those insured, the cost being borne by the Rate Stabilization Fund. On 1 December 1975 this 10% was maintained, the cost being borne by the policy-owners. On 1 December 1976, a further 10% increase was implemented.
- (2) Effective 1 December 1975, at the request of the C.D.A. Executive Council, a 5% reduction in rates was made. This reduction was maintained on 1 December 1976. The cost of this reduction was borne by the Rate Stabilization Fund.
- (3) On 1 November 1976 the function of issuing new policies was assumed by The Imperial Life from C.D.S.P.I.

This report is respectfully submitted. Representatives of The Imperial Life and Laurier Life will be pleased to discuss the report.

(signed)

W. Dale Cosburn, F.S.A., F.C.I.A.
Group Actuary
The Imperial Life Assurance Company
of Canada

IMPERIAL'S RETENTION 15% OF PREMIUMCOMPOSITION

	<u>1 Dec. 75 - 30 Nov. 76</u>	<u>1 Dec. 74 - 30 Nov. 75</u>
Underwriting	3.8%	3.3%
General Services (actuarial, legal, Administrative, Field services)	2.6%	2.3%
Marketing (Publicity, mailings French translations)	2.6%	3.0%
Billings (Data processing preparation)	1.4%	1.5%
Printing of Statements	.6%	.8%
Premium taxes	2.0%	2.0%
Profit margin	2.0%	2.0%
	15.0%	14.9%

SPECIFICATION REQUIREMENTS

- 1) Name of sponsoring association.
- 2) Definition of eligible membership
- 3) Eligible number by province (also by work function where applicable).
- 4) PLANS

Where existing coverage is in effect the "take over" plan must be at least as good as the in force coverage. This therefore requires a complete description of the in force coverages and premiums as well as a history of experience.

Where more than one plan is in effect, participation by plan is necessary, and participation by age group desirable

Provision must be made that anyone on claim at the time of change over will be covered by either the old insurer or the new insurer should there be a change in insurers.

- 5) If new or different coverages are desired these should be now described.
- 6) Method of merchandizing the plans must then be set out in detail.
- 7) Method of Administration follows also in detail.
- 8) Plan loadings sufficient to cover items 6 add 7 as well as consulting and any other necessary expenses are then displayed.
- 9) Request for retention formula with general format provided.
- 10) Any other pertinent information is now provided along with any specific questions and/or requirements.
- 11) Insurer is then asked to quote by unit of coverage on all plans in which they are interested and if they are not prepared to follow the specifications as supplied they are asked to detail only those areas in which they must differ.

DRAFT - Dec. 3, 1976 J.A.B.

PARTICIPATION AGREEMENT

AGREEMENT made the day of , 1977
between the Council of The Canadian Dental Association ("CDA")
and (the "Co-Sponsor").

W H E R E A S:

- (a) CDA, on behalf of itself and participating provincial and corporate professional dental organizations, is the sponsor of insurance, pension and other benefit plans and programmes in which members of the Canadian dental profession and their families and employees may participate;
- (b) CDA and CDSPI have entered into an agreement in the form of Schedule A providing for the administration by CDSPI of the insurance, pension and other benefit plans and programmes so sponsored by CDA: and
- (c) the Co-Sponsor wishes to participate in the sponsorship of one or more of the insurance, pension and other benefit plans and programmes so sponsored by CDA;

NOW THIS AGREEMENT WITNESSETH THAT in consideration of their covenants and agreements herein contained the parties covenant and agree as follows:

1. Definitions

In this agreement:

"CDSPI" means Canadian Dental Service Plans Inc.

"Participant" means, at any time with respect to any Plan, an individual who, at such time, is participating in such Plan or who is entitled to benefits thereunder.

"Participating Organization" means, at any time with respect to any Plan, a provincial or corporate professional dental organization which at such time is participating in the sponsorship of such Plan through agreement with CDA.

"Plan" means, at any time, an insurance, pension or other benefit plan or programme which at such time is being sponsored by CDA on behalf of itself and each Participating Organization which at such time is

participating in the sponsorship thereof.

2. Participation

Subject to termination pursuant to paragraph 3,
the Co-Sponsor:

- (a) shall participate in the sponsorship of each of the Plans listed in Schedule A;
and
- (b) shall be entitled from time to time to participate in the sponsorship of any other Plan upon giving written notice to CDA not less than six months (or such shorter period as CDA may agree) prior to the renewal date of such Plan on which it proposes to so commence to participate.

3. Termination of Participation

The Co-Sponsor shall be entitled to terminate its participation in the sponsorship of any Plan upon giving written notice to CDA not less than one year prior to the renewal date of such Plan on which it proposes to cease to participate.

4. Statements

CDA shall, at least annually, prepare, or cause to be prepared, and deliver to the Co-Sponsor statements for each Plan in the sponsorship of which the Co-Sponsor is participating, setting out all amounts collected and disbursed in connection with such Plan, including details of all claims made and/or paid under such Plan and the experience rating for such Plan. The Co-Sponsor shall keep such statements confidential and shall not make use of them or any information contained in or derived from them in connection with negotiating and arranging alternative coverage to replace a Plan in which it ceases to participate pursuant to paragraph 3.

5. Promotion

Subject to the guidance and control of CDA and CDSPI the Co-Sponsor shall promote the Plans in the sponsorship of which it is participating and encourage Participants therein by disseminating information regarding such Plans and by passing on to CDSPI all enquiries regarding them.

6. Benefit Committee

The Co-Sponsor shall elect or appoint from among its members a group or committee which shall have primary responsi-

bility for discharging the obligations of the Co-Sponsor under paragraph 5 and shall make such studies and perform such research as may be necessary to permit it to keep CDSPI fully informed regarding the needs and concerns of the members of the Co-Sponsor with regard to Plans and possible new Plans.

7. Notices, etc.

Any notice, approval, authorization or other communication to be given pursuant to this agreement to either party shall be in writing and shall be deemed to have been duly given if delivered in person to the President, Chairman or Secretary of such party or, except during a period of general discontinuance of postal service, mailed by pre-paid registered mail addressed:

(a) if to CDA, to it at

marked to the attention of its Secretary or to such other address as CDA shall specify by notice to the Co-Sponsor; and

(b) if to the Co-Sponsor, to it at

marked to the attention of its Secretary
or to such other address as the Co-Sponsor
shall specify by notice to CDA:

and shall be deemed to have been given on the day of
delivery, or except during a period of general discontinuance
of postal service, on the third business day following mailing.

8. Successors and Assigns

This agreement shall enure to the benefit of and be
binding upon the parties and their respective successors and
assigns.

IN WITNESS WHEREOF the parties have executed this
agreement.

C.D.S.P.I. IS THE COLLECTOR OF PREMIUM FOR THE FOLLOWING PROGRAMMES:

<u>POLICY</u>	<u>POLICY CONTENT</u>	<u>ELIGIBILITY</u>
#1,850,759 Association Group Disability Policy issued by CNA Assurance to the Canadian Dental Association. Effective January 1, 1970.	Policy provides indemnity for loss resulting from accidental bodily injury or caused by sickness.	Members in good standing of the Ho
#1,850,828 Association Group Disability Policy issued by CNA to the Canadian and Provincial Dental Associations revised October 1, 1974.	Policy provides indemnity for loss resulting from accidental bodily injury or caused by sickness.	Eligible members are those persons engaged in the practice of dentistry or related occupations who, at the time of application are members in good standing of the Holder(s).
#1,850,830 Association Group Disability Policy issued by CNA to the Canadian Dental Hygienists Association and Canadian Dental Nurses and Assistants Association effective January 1, 1974.	Policy provides indemnity for loss resulting from accidental bodily injury or caused by sickness.	Eligible person means a Hygienist, Dental Nurse, Dental Assistant, who is employed on a full time basis working a minimum of 30 hours per week.
Master Agreement between the Imperial Life Assurance Company of Canada and the Trustees for the Canadian, Alberta, etc. Dental Association and any other Dental Body which from time to time constitute a part of the Association. revised December 1, 1974	Term Life Insurance	See Appendix A
#GL864 issued by Laurier Life Insurance Co. and La Survivance Compagnie Mutuelle D'Assurance - Vie to the Trustees of the Canadian, Alberta, Manitoba, etc. Dental Association and any other Dental body as may be named by the Holders. revised January 1, 1975.	Death benefits on the death of any person insured under this policy (\$500.00 per month for 12 months) called the Adjustment Income Dollar Plan. (AID)	See Appendix B
General Insurance No Master Agreement or Contract - individual policies underwritten by CNA	Business package, home and automobile	Dentists only
#699,2805 Loan Protection Disability Policy issued by CNA to the National/Provincial Dental Associations. effective January 1, 1975	Policy provides indemnity for loss resulting from accidental bodily injury or caused by sickness.	Eligible members are those persons engaged in the practice of dentistry or related occupations who, at the time of application, are members in good standing of the Holder(s) and are age 35 or under.
#8341000 Malpractice/General Liability Policy # changes every year, new # for 1977. Policy issued by CNA to the National/Provincial Dental Associations.	Malpractice liability, comprehensive business liability.	1) All persons holding a valid, in force certificate of licence to practise dentistry. 2) Any dental hygienist or registered nurse or other employee while acting under the supervision and control of a dentist (on a full time basis), part time hygienist or nurse can purchase their own coverage.
Blue Cross Ontario Group #5030 revised January 1, 1974		Dentists, wives and employees.
Blue Cross, Maritimes effective December 17, 1973		" " " "
Blue Cross, Quebec		" " " "
O.H.I.P. Group #611868 Ontario Dental Association revised July 4, 1973		" " " "
Canadian Dental Association Retirement Savings Plan. Trust agreement between royal Trust Co. and Canadian Dental Association revised March 1, 1972 (original agreement December 23, 1957)	R.R.S.P. Royal Trust is trustee	Dentists, wives and employees.

DRAFT - December 3, 1976 J.A.B.

ADMINISTRATION AGREEMENT

AGREEMENT made the day of , 1977
between the Council of the Canadian Dental Association ("CDA")
and Canadian Dental Service Plans Inc. ("CDSPI").

W H E R E A S:

- (a) CDA, on behalf of itself and participating provincial and corporate professional dental organizations, is the sponsor of the insurance, pension and other benefit plans and programmes listed in Schedule A in which members of the Canadian dental profession and their families and employees may participate;
- (b) CDSPI has previously been engaged in the administration of insurance, pension and other benefit plans and programmes so sponsored by CDA: and
- (c) CDA and CDSPI are entering into this agreement to formalize their relationship and to set out the terms and conditions on which CDSPI will in the future administer insurance, pension and other benefit plans and programmes

on behalf of CDA;

NOW THIS AGREEMENT WITNESSETH THAT in consideration of their covenants and agreements herein contained the parties covenant and agree as follows:

1. Definitions

In this agreement:

"Carrier" means, with respect to any Plan, the issuer of the master policy or other agreement embodying such Plan or the insurer or other person with which CDA has entered into contractual or other relations providing for such Plan.

"Executive" means the Executive Committee, from time to time, of CDA.

"Participant" means, at any time with respect to any Plan, an individual who, at such time, is participating in such Plan or who is entitled to benefits thereunder.

"Participating Organization" means, at

any time with respect to any Plan, a provincial or corporate professional dental organization which at such time is participating in the sponsorship of such Plan through agreement with CDA.

"person" includes an individual, a corporation, a partnership, a joint venture and a trust.

"Plan" means, at any time, an insurance, pension or other benefit plan or programme which at such time is being sponsored by CDA on behalf of itself and each Participating Organization which at such time is participating in the sponsorship thereof.

2. Administration of Plans

CDSPI shall administer each Plan on behalf of CDA and each Participating Organization participating in the sponsorship of such Plan upon and subject to the terms and conditions of this agreement.

3. Policy Directions

In administering the Plans pursuant to paragraph 2 CDSPI shall be responsible to the Executive and shall act in accordance with policy directions given in writing from time to time by the Executive to CDSPI. Subject only to such written policy directions and the provisions of this agreement CDSPI shall have complete management and control of the administration of the Plans.

4. Administrative Duties

Without limiting the generality of paragraph 2 but subject to compliance with the applicable laws of each province CDSPI shall provide the following services:

- (a) The collection of all premiums and contributions for each Plan and the appropriate disbursement of the funds so collected.
- (b) The maintenance of records for each Plan and for each Participant therein in such a manner so that reports can be made available at any time on a current basis showing:
 - (1) each Participant's overall insurance programme including such

- Participant's coverage under each Plan in which he or she is participating;
- (ii) the experience for each Plan as a whole and in groups consisting of the Participants who are members of each Participating Organization participating in the sponsorship of such Plan; and
 - (iii) any other information which may be material in connection with the administration of the Plans and negotiations with Carriers and potential Carriers.
- (c) Assistance to Participants and other beneficiaries in the settlement of undisputed claims under the Plans.
- (d) The facilitation of relations between the Carriers and the Participants and generally acting as a liaison in this connection by furnishing information regarding the Plans to Participants and potential Participants, assisting in the processing of applications

for coverage under the Plans and otherwise.

5. Promotion

CDSPI shall exercise guidance and control over the promotion and merchandising of all Plans and, without limiting the generality of the foregoing but subject to compliance with the applicable laws of each province shall:

- (a) promote the Plans among the members of CDA and of the Participating Organization and graduating dental students;
- (b) from time to time notify the members of CDA and of the Participating Organizations of the Plans and changes therein;
- (c) arrange for articles and advertisements in the professional journals published by CDA and the Participating Organizations; and
- (d) pass on to the Carriers all enquiries regarding the Plans.

6. Statements

CDSPI shall, at least annually, prepare and deliver to CDA a statement for each Plan, setting out all amounts collected and disbursed by it in connection with such Plan including details of all claims made and/or paid under such

Plan and the experience rating for the Plan.

7. Experience Rating and Retention Funds

CDSPI shall, at least annually, review the experience of each Plan and negotiate on behalf of CDA and the Participating Organizations participating in such Plan any dividends and/or experience ratings with respect thereto and make recommendations to CDA with respect to the use or disposition of any funds resulting therefrom, including the time and manner of distribution thereof to the Participants in such Plan or the use thereof to improve the benefits under such Plan.

8. New and Modified Plans

CDSPI shall advise and assist CDA in the improvement and modification of Plans and in the formulation and development of new Plans and, in connection therewith shall:

- (a) periodically review each Plan and the benefits thereunder and the wording and form thereof and based on such review initiate any modifications necessary to make sure that such Plan remains at all times current and competitive;

- (b) subject to the prior approval of the Executive of any amendment of a Plan involving a change in policy, negotiate and settle with the Carrier of such Plan modifications or changes in such Plan or the administration thereof which CDSPI considers appropriate; and
- (c) negotiate premium costs, commissions and other charges, retentions, benefits and wordings and forms for new Plans to determine the most favourable net cost thereof commensurate with the most favourable benefits thereunder and, subject to the prior approval of the Executive, select an appropriate Carrier and finalize an appropriate policy or agreement to be entered into between CDA and the Carrier.

9. Delegation

CDSPI shall be entitled to delegate or subcontract to any other person the responsibility for performing any of CDSPI's obligations under this agreement upon such terms and for such remuneration as CDSPI and such other person shall

agree; provided that all amounts payable to any such person shall be the sole responsibility of CDSPI.

10. Remuneration

CDSPI shall receive as remuneration and reimbursement for its services under this agreement and for the expenses incurred by it in connection therewith such amounts as shall be agreed from time to time by CDA and CDSPI. Subject to compliance with the applicable laws of each province and to the provisions of the Plans, such amounts shall be made up of:

- (a) the maximum permitted percentage (not exceeding 5%) of the premiums collected by CDSPI from the Participants in each Plan;
- (b) such amounts as the Executive shall authorize, on the recommendation of CDSPI, to be paid out of the funds referred to in paragraph 7; and
- (c) such additional amounts as CDA shall from time to time pay CDSPI.

11. Term

This agreement shall remain in full force and effect with respect to all Plans in existence from time to time unless and until cancelled by either party upon written notice given to the other party not less than two years prior to the proposed date of cancellation.

12. Notices, etc.

Any notice, approval, authorization or other communication to be given pursuant to this agreement to either party shall be in writing and shall be deemed to have been duly given if delivered in person to the President, Chairman or Secretary of such party, or, except during a period of general discontinuance of postal service, mailed by pre-paid registered mail addressed:

(a) if to CDA, to it at

marked to the attention of its Secretary
or to such other address as CDA shall
specify by notice to CDSPI; and

(b) if to CDSPI, to it at

234 St. George Street

Toronto, Ontario

M5R 2N5

marked to the attention of its Business
Manager or to such other address as
CDSPI shall specify by notice to CDA:

and shall be deemed to have been given on the day of delivery
or, except during a period of general discontinuance of
postal service, on the third business day following mailing.

13. Successors and Assigns

This agreement shall enure to the benefit of and
be binding upon the parties and their respective successors and
assigns.

IN WITNESS WHEREOF the parties have executed this
agreement.

APPENDIX A

- (a) "Eligible Member" means a legally qualified dentist who is a member in good standing of any of the Dental Bodies which constitute the "Association".
- (b) "Designated Eligible Member" means an individual in any of the following categories who has been named by the Association as a Designated Eligible Member:
 - (i) employees who are employed on a permanent basis by an Eligible Member, or by any of the Dental Bodies which constitute the Association,
 - (ii) wives of Eligible Members and widows of deceased Eligible Members,
 - (iii) full-time students in a school or faculty of dentistry in Canada, who are student members in good standing of any of the Dental Bodies which constitute the Association.

APPENDIX B

ELIGIBILITY. The class or classes of persons eligible for insurance are: (1) all dentists who are members in good standing of the Canadian, Alberta, Manitoba, Ontario, Nova Scotia Newfoundland Dental Associations, the College of Dental Surgeons of British Columbia, the College of Dental Surgeons of Saskatchewan, l'Ordre des Dentistes de Quebec, the Quebec Dental Surgeons' Association, the New Brunswick Dental Society, the Dental Association of Prince Edward Island, and/or any other Dental Body as may be named by the Policyholder (hereinafter called the "Association(s)"), who have not attained age 70 and who were enrolled in any of the following Association plans; Income Protection, Office Overhead Expense or Group Life prior to September 1, 1971; (2) all members of the Association(s) who provide satisfactory evidence of insurability to the Company after September 1, 1971.

MILLARD, DESLAURIERS & SHOEMAKER

CHARTERED ACCOUNTANTS

TELEPHONE: 362-3767

425 UNIVERSITY AVE., TORONTO, CANADA M5G 1T6

AUDITORS' REPORT

To the directors of
Canadian Dental Service
Plans Inc.

We have examined the balance sheet of Canadian Dental Service Plans Inc. as at July 31, 1976 and the statements of income and unappropriated surplus for the year then ended. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the company as at July 31, 1976 and the results of its operations for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

TORONTO, CANADA

September 2, 1976

Millard, Des Lauriers & Shoemaker

Chartered Accountants

CANADIAN DENTAL SERVICE PLANS INC.

Incorporated without share capital under the laws of Canada

BALANCE SHEETAS AT JULY 31, 1976

(with comparative figures as at July 31, 1975)

ASSETS

	<u>1976</u>	<u>1975</u>
Cash on hand and in bank	\$ 867,612	\$ 653,243
Accounts receivable	<u>45,987</u>	<u>53,938</u>
	<u>\$ 913,599</u>	<u>\$ 707,181</u>

LIABILITIES AND SURPLUS

Accounts and trust funds payable	\$ 456,580	\$ 284,625
Surplus		
Reserve funds	200,000	200,000
Unappropriated surplus	<u>257,019</u>	<u>222,556</u>
	<u>\$ 913,599</u>	<u>\$ 707,181</u>

The accompanying notes form an integral
part of these financial statements.

CANADIAN DENTAL SERVICE PLANS INC.NOTES TO FINANCIAL STATEMENTSJULY 31, 1976Accounting policy

Consistent with prior years, equipment purchases are charged to operating expenses.

Subsequent event

Subsequent to the year end the corporation entered into a lease of office premises for a term of three years commencing September 1, 1976 at an aggregate annual cost of \$16,000.

The corporation has made payments to or on behalf of long-term employees entitlements to date under employment regulations providing for remuneration on termination of their services. Effective August 1, 1976 the regulations were amended and the entitlement provision was deleted.

CANADIAN DENTAL SERVICE PLANS INC.STATEMENT OF INCOME AND UNAPPROPRIATED SURPLUSFOR THE YEAR ENDED JULY 31, 1976

(with comparative figures for the year ended July 31, 1975)

INCOME

	<u>1976</u>	<u>1975</u>
Income		
Administration fees	\$ 237,660	\$ 199,680
Interest earned	55,457	50,780
Sundry	1,087	905
	<u>\$ 294,204</u>	<u>\$ 251,365</u>
Expenses		
Professional and consulting fees	\$ 41,346	\$ 17,063
Promotional fees	7,731	16,938
Equipment purchased (Note 1)	478	13,350
Equipment maintenance and rental	1,055	1,151
Board expenses	15,156	6,769
Board honoraria	18,960	5,910
Rent	29,440	24,117
Bank charges	569	465
Salary and salary charges	123,114	146,601
Postage	7,771	7,325
Office expense and general	19,826	27,917
Telephone	6,860	7,873
Travel	614	3,456
Grant	1,300	1,000
Moving	166	3,228
	<u>\$ 274,386</u>	<u>\$ 283,163</u>
Operating income (loss)	\$ 19,818	\$ (31,798)
Non-operating interest income	38,030	39,662
Termination payments (Note 3) - employees	(11,110)	(26,000)
- retiring administrator	(12,275)	-
Net income (loss) for the year	<u>\$ 34,463</u>	<u>\$ (18,136)</u>

UNAPPROPRIATED SURPLUS

Balance - opening	\$ 222,556	\$ 240,692
Net income (loss)	<u>34,463</u>	<u>(18,136)</u>
Balance - closing	<u>\$ 257,019</u>	<u>\$ 222,556</u>

/copy

LETTERS FROM MR. T. HARRIOTT DATED NOVEMBER 16th & 17th, 1976

RE: TENDERING OF DISABILITY, LIFE AND MALPRACTICE

The step by step actions to be taken during 1977 in order to implement the new programmes as of January 1, 1978 are outlined in these letters.

- 1) Preparation of background material extracted by C.D.S.P.I. from data prepared by CNA comes first. Most of the working material, such as computer printouts for the coverage in force as of January 1, 1977, cannot be produced by CNA until the month of March. C.D.S.P.I. should be able to summarize the information needed for exhibit III by the end of April.
- 2) During the period May 1st to late June C.D.S.P.I. Board (Council on Insurance) may need to have several meetings to prepare the specifications. Items 6 and 7 on the specification requirements sheet must be decided on, and the full new programme must materialize for submission to the industry by early July. Answers should be requested prior to September 1st.
- 3) During the month of September council meetings should be held to sort out the replies from the industry and by October 1st, the future carrier should be chosen.
- 4) All statements for premium due for 1978 should be prepared for mailing by the new administrator by late November.

COMMENTS: The project develops logically over a period of 8 - 10 months. The gathering of background information will be time consuming and onerous (especially in the disability plan). However, if the time table set out by Mr. Harriott (with some modifications) is adhered to, we should not meet with serious problems along the way.

The following areas will require thorough study:

- A) New format of plans
- B) Future method of merchandising - Loading on existing coverage at the time of change-over.
- C) Future method of administration.

(signed)

(Mrs.) Edith Schmidt,
Business Manager.

FEE GUIDES IN RELATION TO ANTI-INFLATION BOARD AND ANTI-COMBINES ACTAnti-Inflation Board

On December 3, the Secretaries' Conference was addressed by two representatives of the Anti-Inflation Board, Mr. H. Lafleur, Director of Professional Fees and Incomes Division, and Mr. J.A. Moran.

Mr. Lafleur stated that the statistics so far compiled indicate that two professions are overreaching on the income gain levels for the year under study.

One of these is the dental profession, the other is the engineering profession. The A.I.B. is satisfied that dentists are aware of the problems they are facing and will work to ensure that the future will hold slightly more restraint than presently appears to be the case.

In the annual report, roughly 3,800 dentists have reported to date 19.7% net income gains. Engineers come ahead of that, but the A.I.B. has information giving a more direct explanation for the engineering increase than for the dental increase.

Increases in dental net incomes on a per practitioner basis ranged from losses of between \$3,500 and \$5,500 for 21% of practitioners, to income gains of between \$45,000 and \$74,000 per person. These are income gains, not total net income.

National net income gain is about \$5,500 in the dental profession. These figures indicate that there are a great number of rather high income earnings above the median average.

There may be a serious problem, and it is in everyone's interest to try to get the profession to regulate itself rather than having the A.I.B. impose restrictions.

Mr. Lafleur went on to say that the national average income gain of \$7,300 means the allowable \$2,400 automatically leaves a 15% income gain, which must be attributed to workload increases. It is hard to believe that, nationally, dentists have improved their practices at the rate of 15%.

Individual audits are being conducted in dental offices across Canada, and the information will be used against the practitioners if a breach of A.I.B. regulations is discovered.

In response to a question from CDA's Executive Director, Mr. Lafleur stated that he was unsure whether the names of practitioners would be released to the press.

The following statistics were then presented:

Newfoundland	23 firms with 18.4% increase	average increase \$8,352
P.E.I.	19 firms with 8.6% increase	average increase \$2,172
Nova Scotia	123 firms with 19.5% increase	average increase \$5,278
New Brunswick	61 firms with 10.0% increase	average increase \$3,450
Quebec	558 firms with 17.5% increase	average increase \$5,220
Ontario	1,572 firms with 21.07% increase	average increase \$7,580
Manitoba	157 firms with 24.7% increase	average increase \$8,790
Saskatchewan	101 firms with 21.5% increase	average increase \$7,486
Alberta	326 firms with 17.8% increase	average increase \$6,960
B.C.	588 firms with 23.2% increase	average increase \$9,120
All dentists - National average of 20.5%		

Because of the timing of the controls, the information presented by the A.I.B. includes year-end figures for four months after and eight months prior to the implementation of controls, for most practices.

Anti Combines Act

In December, the Executive Director of the CDA had a short meeting with the Honourable A.C. Abbott, Minister of Consumer and Corporate Affairs.

Later in December, at a meeting with Mr. Bertrand, Director of Investigation and Research, and other members of his staff along with CDA lawyers, it gradually became clearer what we could do.

In order to avoid doing anything that would be considered a violation under the Act, and still publish a Fee Guide, three things had to be considered.

1. The dentists involved could not have a meeting and agree to increase fees.
2. The preamble to the Fee Guide should clearly state that practitioners using it should be fully aware that they are under no obligation to adhere to the suggested fees.

To make absolutely sure that the preamble meets the requirements, it is recommended that it be sent to Mr. Bertrand and approved before being published in the Fee Guide.

3. "Any revision to the dollar conversion factor (must) originate from a source independent of the users of the Guide."

December 6, 1976

REPORT ON

COMPOSITION OF EXECUTIVE COUNCIL

Committee members:

Dr. J.A. Doiron
Dr. H.R. MacLean
Dr. R.L. Moran
Dr. R.N. Hicks - chairman

BACKGROUND INFORMATION

The composition of the Executive Council was discussed during consideration of changes to the Constitution and By-Laws at the 1976 Board of Governors meeting in Edmonton. The Council on Constitution and By-Laws recommended that Article XI, Section 2 (i.e. Executive Council Composition) read:

"The Executive Council shall consist of the President, immediate Past President, President-elect and four additional members. The President-elect and four additional members shall be elected by the Board of Governors from its membership. The appointed officials of the Association shall be ex-officio members without the right to vote. The place of residence at the date of the annual meeting shall determine the province from which a candidate has been drawn. Not more than one candidate so elected, exclusive of the President and immediate Past President shall be representative of any one Corporate member."

The Executive Council agreed but recommended the following:

- i) Deletion of the sentence beginning "The appointed officials of the Association...without the right to vote."
- ii) Deletion of "one" in the line "Not more than one candidate..." and substitution of "two".
(i.e. "Not more than two candidates so elected...")

The effect of these two recommendations by the Executive Council would mean that:

- a) none of the appointed officials of our Association would attend Executive meetings unless requested.
- b) two of the "four additional members" of the Executive Council could be from one corporate member.

Following some discussion, a Governor from British Columbia presented the following motion:

"The Executive Council shall consist of the President, the immediate Past President and one representative from each corporate member - one of whom shall be the President-elect. The ten corporate member representatives, including the President-elect shall be elected by the Board of Governors from its membership. The Executive Director of the Association shall be an ex-officio member without the right to vote."

Basically, the intent of this motion was explained to be two-fold:

- a) to increase the size of the Executive Council due to the obvious increased work load and responsibility being directed to the Executive Council.
- b) to insure equal representation of all Provinces at the Executive level.

A heated discussion followed in which the opponents of this motion expressed concern of a large unwieldy Executive Council which, in effect, would be a "mini Board of Governors". The motion was defeated and the Board proceeded to accept the following:

"The Executive Council shall consist of the President, immediate Past President, President-elect and four additional members. The President-elect and four additional members shall be elected by the Board of Governors from its membership. The place of residence at the date of the annual meeting shall determine the province from which a candidate has been drawn. Not more than two candidates so elected, exclusive of the President and immediate Past President, shall be representative of any one corporate member."

Members of the Board and of the Executive Council expressed interest and concern about some of the issues raised during the debate on these motions.

It was felt that a committee should investigate and study possible future changes to the composition of the Executive Council that would satisfy some of the criticisms levelled during this debate. The committee was to report back to the Executive Council and the topic was to be placed on the agenda of the next Board of Governors meeting.

COMMITTEE ACTION AND FINDINGS

The committee arranged to meet with Governors from each Province. This was done in order to obtain their feelings and opinions regarding the present composition of the Executive Committee and to receive suggestions for possible improvement in composition in the future.

The majority of the provincial representatives agreed to the following two concepts:

- a) that the number of individuals on the Executive Council should be increased
- b) that the composition of the Executive Council should reflect regional representation from across Canada

All provinces agreed that an increase in the number of members of the Executive Council was advisable due to the increased responsibility and workload transferred to this group at the 1976 Board Meeting. However, a variety of responses were received when they were asked how the regional representation should be facilitated. Since the responses of the provincial representatives affected the conclusions reached by the Committee, their individual responses are included in this report.

B.C.	- Strongly requested representation
Alberta	- strongly requested representation
Saskatchewan	- requested representation but would join with Western Provinces if grouping was necessary
Manitoba	- requested representation but would "group" with other Western Provinces if grouping was necessary
Ontario	- strongly requested representation
Quebec	- strongly requested representation
New Brunswick	- did not request individual representation
Nova Scotia	but would like to see one "Atlantic Provinces"
P.E.I.	representative
Newfoundland	

The present Executive Council consists of seven members. The possibility of increasing to either nine or eleven members was considered by the provincial representatives and by the committee.

CONCLUSIONS AND RECOMMENDATIONS

It was obvious to the Committee that there was a need to increase the size of the Executive Council. It was also felt that definite regional representation should be implemented into Article XI, Section 2 of the By-Laws. It was recognized by the committee that unofficial consideration is presently given to regional representation when members are nominated for the Executive Council. Including regional representation in the By-Laws would insure that this factor was not over looked in the future.

Therefore the following recommendations are made:

- a) that the Executive Council consist of nine members
i.e. President, immediate Past President, President-elect and six additional members.

- b) that the six additional members consist of one representative each from:

- i) British Columbia
- ii) Alberta
- iii) Saskatchewan - Manitoba
- iv) Ontario
- v) Quebec
- vi) Atlantic Provinces

- c) that the above recommended changes be implemented as soon as possible so as to provide additional manpower (person power) for the Executive Council
- d) that Article XI, Section 2 of the By-Laws be changed so as to read:

"The Executive Council shall consist of the President, immediate Past President, President-elect and six additional members. The President-elect and six additional members shall be elected by the Board of Governors from its membership. The place of residence at the date of the Annual Meeting shall determine the province from which a candidate has been drawn. The six additional members shall consist of one representative each from the following regions:

- a) province of British Columbia
- b) province of Alberta
- c) provinces of Saskatchewan - Manitoba
- d) province of Ontario
- e) province of Quebec
- f) provinces of New Brunswick, Nova Scotia, P.E.I. Newfoundland

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

MARCH 1977

PROGRESS IN 1976

1. Our records for the year just ended have been audited and although we have not yet received their official report, our auditors have confirmed some interesting and, I think, most encouraging results:
2. Operational income for the year totalled \$189,612 - a new record. It is indeed a pleasure to report that gifts from dentists, dental organizations, dental hygienists, dental nurses and assistants, and business and industry all showed increases. The largest and most gratifying in my opinion was the 27% increase in personal gifts from dentists.
3. We have not yet had time to make a thorough analysis, however, I can say that in all we gained well over 200 new supporters across the nation and that many long-time supporters have generously increased the measure of their assistance.
4. Additionally payments of pledges and gifts to our Capital Fund amounted to \$2,200. A gift of \$5,000 was also received to create an endowment.
5. Assistance for dental education and research was \$124,432, almost exactly the same as in the previous year and somewhat lower than we anticipated. A major factor was that applicants who had been awarded CFDE fellowships either changed their plans or were able to obtain funding from other sources and, therefore, did not require our assistance.
6. Operating expenses totalled \$69,447, an increase of \$14,470. On the advice of our auditors, total cost for office furniture and fixtures of \$5,682 was charged to expenses in 1976. Also contributing to the increase were higher costs for salaries, other essential services and incidental moving expenses.

REVIEW OF FELLOWSHIP APPLICANTS

7. At the 1976 annual meeting the Board of Trustees supported its Advisory Committee's proposal of a thorough review of fellowship applicants, and although no funds were allocated for this purpose, the following motion was passed:

That in cooperation with ACFD and its member institutions the Fund initiate and implement a review of the results achieved by its fellowship program over the past ten years; and

that, if possible, a report of this review be submitted to the 1977 meeting of the Board of Trustees.

CANADIAN FUND FOR DENTAL EDUCATION

INTERIM REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

MARCH 1977 (Page 2)

8. Work is proceeding on this project and I can now say that at least an interim report will be presented to our 1977 annual meeting.

CDA-CFDE AD HOC COMMITTEE

9. I was pleased with the considerable progress made at this committee's first meeting held February 7, 1977 and look forward to receiving the report now being prepared by the Chairman Dr. Carl Dexter. It is my understanding that this report is to be reviewed by CDA's Executive Council and Board of Governors at the earliest possible opportunity and by CFDE's Board of Trustees at their annual meeting to be held in April 1977. Depending on the deliberations of the aforementioned bodies, it may be necessary to hold a second ad hoc committee meeting.

Respectfully submitted,

John W. Neilson, D.D.S.
Chairman
CFDE Board of Trustees

RESOLVED: *"That the Board expresses its gratitude to Dr. Neilson
and that the Interim Report be received as information.*

ADOPTED

EDUCATION

MEMBERS: W.H. Feasby, Chairman, London; E.R. Ambrose, Montreal;
R. Coulombe, Lachine; G.E. Decker, Edmonton;
G.A. Freeze, North Vancouver; A.G. Hannam, Vancouver;
L.G. Mandin, St. Paul, Alberta; J.D. McLean, San Francisco;
G.E. Pitkin, Agincourt

R E P O R T

1. The Council on Education met in Toronto from May 3 to May 5, 1976. All members were present with the exception of Dr. G.E. Decker and Dr. G.E. Pitkin. Also in attendance were: Dr. M.A. Rogers, C.D.A. Accreditation Co-Ordinator; Mrs. Jean Phillips, Representative of the Canadian Dental Nurses and Assistants' Association; Mrs. Carol Worobey, Representative of the Canadian Dental Hygienists' Association; Mr. W. Rogers, Student Representative; Dr. H. Viergever, Hamilton, Observer, O.D.A.; Dr. G. Kravis, National Dental Education Board; C.D.A. Staff
2. In addition, the following were present for all or part of the meeting: Dean Dunn, London; Dean Leung, Vancouver; Dean Lussier, Montreal; Dean Neilson, Winnipeg; Dean Nikiforuk, Toronto
3. Several persons attended to present reports: Dr. D.L. Anderson, National Cancer Institute; Dr. G. Beagrie, R.C.D.(C); Mr. G.M. McDonald, C.F.D.E.; Miss Linda Teteruck, Administrator, D.A.T. Program Secretary, Office of Student Affairs; Dr. E. Yen, Student Membership Committee; Dr. K. Pownall, 1975 Teaching Conference

COMMITTEE ON SURVEY POLICY

4. Because of the very great significance of Council's activities in respect of accreditation, lengthy and detailed consideration was given to the report of the Committee on Survey Policy. The following is a synopsis of the report and Council's actions, where appropriate: -

Meetings and Membership

5. (a) Membership

The Committee on Survey Policy consists of:
Dr. J.D. McLean, Chairman and Council appointee; Dr. A.G. Hannam, Council Appointee; Dr. D.R. Gratton, Council Appointee;
Dr. R. Coulombe, Council Appointee; Dr. D.B. Proctor, N.D.E.B. Appointee; Dr. S. Claman, R.C.D.C.; Dr. K.C. Bentley, A.C.F.D.
Dr. G.E. Decker, Registrars' Appointee; Mrs. M. Forgay, C.D.H.A. Appointee; Miss Elaine Wesley, C.D.N.A.A. Appointee;
Dr. M.A. Rogers, Accreditation Co-ordinator

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(b) Meetings

The Committee on Survey Policy met three times during the past year, January 15th and 16th, 1976; March 31st, April 1st and 2nd, 1976 and May 3rd, 1976. The meetings included two "reconsideration" meetings, University of Saskatchewan, March 31st and Georgian College - May 3rd.

Reports of the 1975-76 Surveys

6. The following categories of approval were awarded to programs surveyed in the 1975-76 Council year: -
 - (1) Dalhousie University: Undergraduate dental - approval
 - (2) University of Saskatchewan: Undergraduate dental - provisional approval
 - (3) University of Montreal: Postgraduate program in Oral Surgery - accreditation eligible
 - (4) University of Montreal - Postgraduate program in Paedodontics - provisional approval
 - (5) McGill University: Graduate program in Oral Surgery - provisional approval
 - (6) Dalhousie University: Dental Hygiene - approval
 - (7) Algonquin College: Dental Hygiene program - provisional approval
 - (8) Georgian College: Dental Assisting - provisional approval
 - (9) Okanagan College: Dental Assisting - approval
 - (10) Algonquin College: Dental Assisting - approval

Methodology

7. Review procedures:

In accord with the direction of the Board, 75T14, Survey Policy Committee and the Council considered "the time frame" for reaching a decision as specified in Section 5A of Accreditation Review and Appeal Procedures. Council wishes to advise the Board as follows:

MOTION:

That line 8, para. 5 of the Accreditation Review and Appeal Procedures, which now reads "will deliberate on the matters before it until a decision is reached" could be changed to "will continue to deliberate on the matters before it to assure that a decision is reached at that meeting". Council also wishes to inform the Board that in its opinion it prefers the original wording.

CARRIED

EDUCATION

RESOLVED

The Board approves the following wording:

"will deliberate on the matters before it until a decision is reached".

Adopted

8. (1) Council amended a statement in the Handbook on Evaluation Procedures concerning the classification of non-approval (Section V), page 8. It is to be replaced by the following:

RESOLVED

In the event a program does not meet the established standards in one of the four foregoing categories, Council may deny or withhold accreditation classification.

Adopted

- (2) Council amended the document "Survey Policy and Accreditation of a Program in Dental Assisting" by the following statement:

MOTION

Where dental offices are used for field training in dental assisting programs, attention should be given to these items:

- (1) guidelines for student experience in the office should be established.
- (2) an inservice program should be held to acquaint participating dentists with the aims of and procedures taught in the programs.

CARRIED

RESOLVED

That these items be deferred.

Adopted

- (3) Council considered at length the approved definition of Prosthodontics and the development of statements of minimum requirements for graduate programs in Prosthodontics. Council requests the Board of Governors to confirm the following interpretation:

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MOTION

"Whereas the accreditation of graduate/postgraduate programs is dependent upon approved minimum requirements for the specific program,

and whereas the C.D.A. approved definition of Prosthodontics raises the question of whether there should be a single set of minimum requirements or whether there should be a basic minimum core plus three separate additional curricula (fixed prosthodontics, removable prosthodontics and maxillo-facial prosthetics)

(removable prosthodontics, restorative dentistry and maxillofacial prosthetics) (1975T10).

and whereas the minimum requirements on which surveys of graduate/postgraduate programs in prosthodontics can be based, must be identified and approved before surveys of such programs are conducted,

therefore be it resolved that the Council takes the view that the correct interpretation of the definition of prosthodontics is such that a basic curriculum core is required, added to which are three separately identifiable sets of minimum requirements, one for each of the divisions of prosthodontics named in the definition, the inclusion of any one of which would meet the minimum requirements.

CARRIED

RESOLVED

That the Board confirms the interpretation under para. 8(3) as corrected.

Adopted

Minimum Requirements, Graduate and Postgraduate Programs

9. Council recommends to the Board of Governors that the basic document

"Minimum Requirements for approval of Graduate/Postgraduate Programs leading to a Qualification in an area of Specialization recognized by the Canadian Dental Association" as amended to May, 1975 be amended by the addition of:

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RESOLVED

- (1) A new paragraph between the second and third paragraphs under Facilities page 4

"Dental Services of Hospitals utilized in advanced educational programs must be approved by the CDA Council on Hospital Services."

- (2) A final new heading and paragraph on page 6 *"Evaluation of Student's Progress"*. There must be clear evidence of some definite method of evaluating the progress of students throughout the program, and of counselling based upon that evaluation."

Adopted

10. Council approved the list of surveyors and the survey schedule for 1976-77 as shown in Appendix 1.

Accreditation Co-ordinator

11. The Council wishes to inform the Board that the number and complexity of accreditation surveys are increasing, and that the quality and consistency of survey reports have improved significantly during the tenure of the current co-ordinator of surveys, for the benefit of both Council and the institutions surveyed

and that the accreditation program requires close and continuous liaison with its A.D.A. counterpart for a healthy continuation of our accreditation responsibility, and therefore,

"Council urges the Board of Governors to insure the continuation of the post of co-ordinator of surveys."

Accreditation of Dental Laboratory Technology Programs

12. Council through its Committee on Survey Policy has reactivated the development of "minimum requirements for the accreditation of a dental laboratory technology program," This report is still in progress.
13. Council has received an enquiry from the President of the College of Dental Surgeons of Saskatchewan "into the possibility and desirability of C.D.A. establishing an accreditation program for the Institute." (*N.B. Dental Nurses Program at Wascana Institute*).

The Council noted that dental therapists are appearing as a new and increasing dimension in dentistry, and

EDUCATION

that Council's personal and fiscal resources are already strained in evaluating programs in undergraduate, graduate, and postgraduate dentistry, dental hygiene, dental assisting and presumably, in the near future, dental technology, and the total number of institutions offering some of these programs is increasing each year. Council is not in favour of adding to its burden at this time by evaluating more types of programs and seeks guidance from the Board of Governors on its attitude to the development of appropriate survey guidelines for such Programs as Dental Nurses and Dental Therapists should requests be forthcoming from these sources.

RESOLVED

That the Canadian Dental Association reaffirm its strong commitment to the accreditation of education programs, and further that the appropriate parties be convened to examine the Accreditation Program.

Adopted

RESOLVED

The Board further recommends that a meeting be convened under the chairmanship of the President, consisting of the Presidents or delegates of ACFD and NDEB, the Chairman of the Council on Education, the Chairman of the Survey Policy Committee, the Accreditation Coordinator, a representative from each Corporate member and, if applicable, from each provincial licensing body, to develop recommendations encompassing objectives, funding and budget projections for both the long and short term operation of the Accreditation Program.

The expenses incurred by those attending are to be borne by the organizations which they represent and the agenda for the meeting is to be developed by the representatives of the Council on Education in consultation with the President.

Adopted

RESOLVED

The Executive Council requests to have a report submitted in sufficient time to be presented to the fall Board meeting.

Adopted

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CONTINUING EDUCATION

14. Dr. Ambrose reported for Dr. Decker, Chairman of the Ad Hoc Committee on Continuing Education. Council's action on his report was as follows:

RESOLVED

- (1) *That Continuing Education Studies and Consultations by Provincial Continuing Education co-ordinators be encouraged.*
- (2) *That the Council on Education develop a self-assessment manual on behalf of the CDA.*

Adopted

- (3) That because of the beleaguered financial position and established priorities of CDA, the subject of acquisition of a national continuing education co-ordinator be deferred until the next meeting of Council.

The Board received this recommendation as information.

15. That a conference of provincial continuing education co-ordinators supported by the corporate bodies, be encouraged at no expense to C.D.A., but with the Council on Education acting as the initiator in arranging such a meeting and providing a chairman. Council made a motion as follows:

"That with regard to the recommendation made by this Council concerning its role in Continuing Education, the Ad Hoc Committee prepare a statement, incorporating the appropriate mechanisms and estimated costs for the implementation of the recommendations, and that this statement be submitted for consideration by Council at its next meeting."

The Board received this recommendation as information.

16. Dr. D. Chaytor was appointed to fill the vacancy on the Committee on Continuing Education. The other members being Dr. G. Decker and Dr. E.R. Ambrose.

DENTAL APTITUDE TEST COMMITTEE

Membership and Meetings

17. (a) Membership

Dr. W.R. Teteruck, Chairman, 1978
Dr. W.G. Thompson, 1977
Dr. V.R. D'Oyley, 1977
Dr. E.R. Ambrose, 1976
Dr. J. Graham (Consultant)

The Committee met twice, on the 17th of October, 1975 and the 27th of February 1976.

EDUCATION

18. Council declared a vacancy on the D.A.T. Committee due to Dr. D'Oyley's inability to attend meetings. Council appointed Dr. M. Boyd of Vancouver for a three year term to fill the vacancy and re-appointed Dr. E. Ambrose for a three year period.

Validation Studies

19. It was noted that the Validation Studies completed during the current year used \$600.00 only of the authorized \$3,000.00.

The Committee has compiled and indexed all of the Validation Studies and materials accumulated to date. These are reference materials available on request from the D.A.T. administrator. The Committee agreed that its validation research would be limited to studies on

- (a) Chalk Carving vs. PMAT (Perceptual Motor Ability Tests).
- (b) The development of a personality profile related to the 16 PF (Personality Factors).
- (c) The routine validation of the continuing aspects of the program.

(i) Chalk Carving vs. PMAT

The study investigates the co-relation between the chalk carving grades and the PMAT grades in order to assess which test is the more accurate predictor of manual dexterity. Dr. Thompson undertook a study of the January and April 1975 D.A.T. grades. The results of the Thompson study indicate that the relationship between the chalk carving and the PMAT grades is statistically significant yet the two components tend to evaluate somewhat different aspects of manual dexterity. In order to pursue this further, the D.A.T. Committee hopes to obtain the co-operation of the dental schools in receiving information on the manual and academic grades obtained by their present first year dental class. It is presently anticipated that preliminary results in this area will be available in early 1977.

(ii) 16 PF (Personality Factors)

At the present time the grading of the 16PF examinations is being undertaken by the University of Toronto. All previous work on the personality profile has been accumulated and evaluated. It is presently anticipated that a preliminary report on the 16PF results will be available soon.

Release of Funds for Validation Studies

20. The Council on Education requests approval from the Board of Governors to again release up to \$3,000.00 for the continuation of validation studies by the Dental Aptitude Test Programs during the 1976/77 year.

EDUCATION

Executive Council requests the D.A.T. Committee to provide an itemized budget for Validation Studies as \$2,400.00 is outstanding from last year.

STUDENT MEMBERSHIP COMMITTEE

Composition and Terms of Reference

21. At the request of the Student Membership Committee, Council has renamed the Committee "the Committee on Student Affairs".

Composition:

The Committee on Student Affairs shall consist of five members as follows:

the student governor, the chairman of the upcoming Canadian Dental Students' Conference, and three dentist members of the Association, only one of whom shall be a dental educator, and

the three dentists members shall be appointed by Council on the basis of a staggered three year once renewable term, and

the Council on Education shall appoint the chairman of the Committee from among the three dentist members.

and Council established the terms of reference of the Committee on Student Affairs as follows:

- (1) To report, at least annually, to the Council on Education, in which report the interests of student members of the Association will be represented.
- (2) To be responsible for the effective organization and conduct of the annual Canadian Dental Students' Conference.
- (3) To recommend on policies bearing on student members' involvement in international dental student affairs.
- (4) To encourage and promote membership in the Association by Canadian dental students.

The Executive Council disagrees and recommends

RESOLVED

That a Council on Student Affairs be created with appropriate amendment to the Constitution.

The Council on Student Affairs shall consist of five members as follows: the Student Governor, the Chairman of the upcoming Canadian Dental Students' Conference and three student nominees from C.D.S.C.

EDUCATION

The terms of reference of Council on Student Affairs to be as follows:

- (1) To report, at least annually, to the Board of Governors on students' interests and activities.*
- (2) To be responsible for the effective organization and conduct of the annual Canadian Dental Students' Conference.*
- (3) To recommend on policies bearing on student members' involvement in national and international dental student affairs.*
- (4) To encourage and promote membership in the Association by Canadian dental students.*

Adopted

RESOLVED

That the Council on Constitution and By-laws be asked to make the necessary by-law changes for the September Board meeting.

Adopted

Professional Council

22. The Council on Education considered the resolution contained in paragraph 37, page 10, of the C.D.S.C. 7 Report and forwarded it with approval to the Ad Hoc Committee of the Professional Council.
23. The Council was impressed with the objectives and constructive content of the report coming from the Canadian Dental Students Conference. Accordingly, this report is included as an Appendix to Council's Report for the information of the Board.

RECRUITMENT

24. Council wishes to commend the Recruitment Division of the C.D.A. and the Bureau of Public Information for their efforts in reviewing and updating recruitment materials, and expresses the hope that continued efforts will be made to update the pamphlet, "Dentistry", as soon as practicable.

DENTAL EDUCATION REGISTER

25. Council agreed that the Dental Education Register should be continued, as it is a valuable resource document, and that the A.C.F.D. be asked to continue this function.

ANNUAL TEACHING CONFERENCE

26. The Council on Education has accepted the recommendation of the C.D.A.'s Executive Council (Exec. C. Dec. 1974 #72) and has

EDUCATION

attempted to implement "joint sponsorship" of the Annual Teaching Conference by developing a mechanism of implementation (Council on Education, May 1975 #64-66). Council has directed that the Chairman of Council, the A.F.C.D. delegate and the Survey Co-ordinator be empowered to select a topic and co-ordinator for the 1977 Teaching Conference after consultation with A.C.F.D.

27. The 1975 Teaching Conference on Practice Management was chaired by Dr. Powmall. The proceedings of this conference have been published in the C.D.A. Journal. Council encourages the teachers responsible for courses on practice management to develop clear and realistic educational objectives for the subject area in the undergraduate curriculum.
28. The 1976 Teaching Conference is to be on "Clinical Administration" and chaired by Dr. G. Boyer.

CANADIAN FUND FOR DENTAL EDUCATION

29. Dr. Neilson, Chairman and Mr. McDonald, Executive Director of the Fund, reviewed for Council the grants to be made in support of dental education and research during 1976. Council expressed its appreciation and gratitude to the fund for its contribution in the continuing support given to dental education by C.F.D.E.

DENTAL AUXILIARIES - AD HOC COMMITTEE

30. The Council in 1975 directed that the Chairman of the Council on Education confer with the Chairman of the Council on Health Care and the C.D.A. President with the intent of examining the establishment of guidelines with long and short-term projections applicable to the education, utilization and supervision of auxiliaries.
31. The Council on Education approves in principle of the following:

MOTION

that Canadian dentistry at the National level support the career options concept as recommended by the Council on Health Care;

that it is desirable to maintain high minimum standards and to facilitate portability of qualifications in each of the components of the career options system;

that the Council on Education extend its accreditation program to embrace the training programs for the new varieties of auxiliaries.

CARRIED

The Council on Education and the Council on Health Care have accordingly reported to the President of this Association.

RESOLVED

That this matter be deferred until after the Accreditation Conference.

EDUCATION

PROFESSIONAL COUNCIL

32. Council discussed the response of its Chairman to Dr. Gray, Chairman of the Ad Hoc Committee on Professional Council. Council strongly endorsed the position taken by its Chairman in his reply to Dr. Gray concerning the Professional Council.

BILINGUALISM

33. Council has proceeded with the implementation of bilingualism as it relates to accreditation survey manuals and questionnaires. The Executive requested the Order of Dentists of Quebec to undertake the translation task which the Order very kindly accomplished. For the first time copies of each of the accreditation manuals and questionnaires are available in the French language. Council expressed its appreciation to the Order of Dentists and, further is submitting the accreditation manuals and questionnaires to the Deans of the French language dental schools for their comments and advice.

The Board commends the Council on Education for its action on bilingualism.

ACCREDITATION - ACFD PROPOSALS

34. Council noted the emphasis expressed by the ACFD in relation to consumer involvement in the accreditation process. Council has asked its Committee on Survey Policy to consider both consumer representation and Registrar observership.

RESOLVED

That this matter be deferred until after the Accreditation Conference.

Adopted

COUNCIL APPOINTMENTS

35. An organization chart for Council, its Committees and Representatives is shown in Appendix 2.

BUDGET

36. Council noted that the Kellogg grant supporting the accreditation program terminates in 1976 and that alternate sources of funds will therefore have to be found if this most important aspect of the accreditation program is to be continued. The Chairman reported on his meeting with the Executive Council in which it was stressed to him that the financial difficulties of the Parent Association required careful study of funding mechanisms. Therefore, Council

EDUCATION

established an Ad Hoc Committee consisting of the Chairman of Council, a representative from NDEB and a representative from ACFD to review and report upon the feasibility of alternate funding of accreditation and to report to the next meeting of Council.

RESOLVED

Executive Council notes the composition of the survey teams as listed in Appendix I of the report and wishes to request that the Council on Education seek a wider variety and alternation of personnel on the survey teams.

The Board notes this request.

RESOLVED

That the report of the Council on Education be adopted.

The Board wishes to express its appreciation for the work of Dr. Feasby for the preparation and presentation of the report.

Adopted

The Board notes Executive Council's concern regarding the Council on Education's workload.

SCHEDULE OF SURVEY VISITS

For the Period: May 1976

To: May 1977

Location	Program	Survey Dates	Team
Université Laval Quebec	Dental Undergraduate	Nov. 29-Dec. 2/76	P. Jackin alt: L. Beamish G. Boyer alt: D. Forest
Université de Montréal	Paedodontics	Dec. 13-15/76	T. Oldenberg alt: D. Cunningham R. Lafleche alt: L. DuFour
University of Manitoba	Dental Hygiene	Jan. 12-14/77	L. Zambolin alt: S. French
University of Manitoba	Dental Undergraduate	Jan. 17 -20/77	L. Beamish R. Barolet alt: P. Sapp
Dalhousie University Halifax	Oral Surgery	Feb. 9 - 11/77	R. Walker alt: S. Claman K. McMurchy alt: J. Spouge
University of Toronto	Orthodontics	Feb. 21-23/77	S. Weinstein alt: R. Haryett C. Lavelle
University of Toronto	Paedodontics	Feb. 23-25/77	T. Oldenberg D. Cunningham alt: R. Lafleche
		90	

SCHEDULE OF SURVEY VISITS

For the Period: May 1976

To: May 1977

Location	Program	Survey Dates	Team
University of Manitoba	Orthodontics	May 26 - 28/76	S. Weinstein A. T. Storey alt:R. D. Haryett
University of Manitoba College of Dentistry Winnipeg, Man.	Dental Assisting	Oct. 4 - 5/76	C. Faulkner alt:M. A. Wailing
University of Saskatchewan Institute of Dentistry Regina, Sask.	Dental Assisting	Oct. 7 - 8/76	C. Faulkner alt:M. A. Wailing
University of Montreal College de Maisonneuve Montreal	Dental Hygiene	Oct.18 - 20/76	S. French alt:M. Forgay alt:L. Zambolin
University of Toronto	Oral Surgery	Oct.25- 27/76	R. Walker alt:S. Claman K.McMurchy alt:J. Spouge
McGill University Montreal	Dental Undergraduate	Nov. 1 - 4/76	Chmn: J.D.McLean P. Jackin R. Barolet alt: L. Beamish alt: P. Sapp
John Abbott College Montreal	Dental Hygiene	Nov.15 - 17/76	M. Forgay alt: L.Zambolin

FINANCE

REVENUE STATEMENT 1976 COMPARATIVE STATEMENT YEAR TO DECEMBER 31, 1976

	1974 ACTUAL	1975 ACTUAL	REVISED 1976 BUDGET	DECEMBER 31
Corporate Fee	\$	\$ 13,312.00	\$ 76,640.00	\$ 78,770.00
1. Associate Memberships	3,530.00	3,683.00	3,400.00	3,637.50
Memberships - British Columbia	76,310.00	80,795.00	84,500.00	87,685.00
- Alberta	48,100.00	50,586.00	52,000.00	52,910.00
- Saskatchewan	15,665.00	16,991.00	16,250.00	17,095.00
- Manitoba	22,945.00	23,595.00	23,400.00	23,632.50
- Ontario	199,760.00	161,785.00	149,500.00	164,935.65
- Quebec	99,275.00	81,920.00	35,100.00	50,175.00
- New Brunswick	9,230.00	9,490.00	9,750.00	9,930.00
- Nova Scotia	15,110.00	15,660.00	15,275.00	18,425.00
- Prince Edward Island	2,405.00	2,776.00	2,730.00	2,600.00
- Newfoundland	4,485.00	4,810.00	5,655.00	4,878.00
Interest - CDRF	800.00	800.00	1,000.00	2,457.50
- Income Term Deposits	5,967.00	7,976.00	200.00	29,151.03
Journal Operation	19,126.00	66,135.00	75,980.00	77,108.12
National Convention - H.Q. Services	28,000.00	24,000.00	12,000.00	8,409.59
Sales of Publications	22,301.00	27,142.00	28,600.00	17,347.50
Space Rental CFDE	3,000.00	3,000.00	1,500.00	1,500.00
Student Membership	4,587.00	5,129.00	5,000.00	3,649.80
Subscriptions JCDA	6,044.00	8,206.00	7,000.00	13,175.41
2. Sundry Income, others	8,828.00	9,854.00	1,000.00	8,274.12
NDEB re: Survey of Undergraduate Programs	8,000.00	12,000.00	10,000.00	12,000.00
Special Grants, Government	1,000.00	-	-	919.37
CFDE re: Conference on Auxiliaries	6,000.00	-	-	-
Survey of Graduate Programs	408.00	-	3,000.00	-
Students Conference	3,073.00	4,015.00	4,452.00	-
Students Table Clinic	1,948.00	565.00	4,000.00	-
Teaching Conference	3,000.00	-	3,000.00	3,000.00
Committee on Standards	2,000.00	2,000.00	-	2,000.00
Survey Program				
Consulting Services	11,534.00	13,807.00	14,300.00	-
Conference on Information Services	-	5,000.00	-	-
Ottawa Building Fund & Interest	473.00	1,857.00	-	-
TOTAL	\$632,904.00	\$656,889.00	\$645,232.00	\$690,666.09

Based on an increase from \$20.00 to \$35.00 per year for Associate

2. 'Sundry Income includes profit from Medifacts Tape Cassette Programme (\$7,812.68)

RESOLVED: "That the report of the Finance Committee be accepted."

ADOPTED

EXPENDITURES 1976,

Comparative Statement Year to

December 31, 1976

	1974 <u>ACTUAL</u>	1975 <u>ACTUAL</u>	REVISED 1976 <u>BUDGET</u>	YEAR TO DECEMBER 31
al Board Meeting	\$ 25,400.00	\$ 38,137.00	\$ 23,634.00	\$ 28,776.45
l Members' Special Expenses	1,405.00	300.00	1,000.00	-
utive Council Honorarium	-	2,400.00	15,000.00	9,900.00
Award	542.00	800.00	700.00	700.00
ingency	6,893.00	-	10,000.00	905.99
Production - Distribution	2,483.00	2,714.00	1,772.00	1,755.05
iture & Fixtures	1,896.00	669.00	-	-
sa - CDNAA	300.00	300.00	300.00	300.00
- CFDE	12,000.00	5,000.00	500.00	500.00
- FDI	4,611.00	4,742.00	5,000.00	3,984.73
- President's Honoraria	3,000.00	5,197.00	12,000.00	11,700.00
ory of Dentistry & Archives	34.00	-	-	-
rance (Building, Fidelity, Sick, Travel)	2,602.00	2,026.00	3,500.00	3,321.62
l & Audit	4,233.00	6,658.00	6,500.00	15,011.91
ce Administration Fund	7,085.00	5,752.00	10,000.00	912.00
ce Supplies & Expenses	24,619.00	29,440.00	21,900.00	19,690.85
age	11,121.00	8,354.00	9,400.00	1,893.70
erty - Mortgage, Interest & Payments	-	4,071.00	-	-
- Light, Heat, Water	4,424.00	5,392.00	2,500.00	8,388.45
- Maintenance & Repairs	9,644.00	3,821.00	1,500.00	8,152.81
- Taxes	7,693.00	7,397.00	3,500.00	5,574.28
ting - BPI	37,051.00	15,345.00	29,500.00	4,300.56
ting - General	25,848.00	17,412.00	18,400.00	9,111.39
ries	264,695.00	239,588.00	223,864.00	198,110.67
oyee Benefits	26,322.00	22,290.00	22,041.00	25,487.95
y Program Consulting Services	11,534.00	14,307.00	14,300.00	15,440.16
hone	7,734.00	7,316.00	5,790.00	12,383.43
lations	4,606.00	2,151.00	4,800.00	-
al & Meetings	81,754.00	73,497.00	83,321.00	64,577.87
arship Promotions	-	11,854.00	7,000.00	3,718.01
al Health Month	-	120.00	6,000.00	995.38
Force	33,350.00	-	-	145.00
EXPENDITURES	<u>\$622,879.00</u>	<u>\$537,050.00</u>	<u>\$543,722.00</u>	<u>\$455,738.26</u>
OTTAWA (6 mos.)			<u>\$102,200.00</u>	\$ 64,533.38
REVENUE	<u>\$632,904.00</u>	<u>\$656,889.00</u>	<u>\$645,922.00</u>	<u>\$520,271.64</u>
			<u>\$645,232.00</u>	<u>\$690,666.09</u>
US (DEFICIT)	<u>\$ 10,025.00</u>	<u>\$119,839.00</u>	<u>\$ (690.00)</u>	<u>\$170,394.45</u>

Includes Extraordinary Expense of \$10,553.00.

COMPARATIVE ANALYSIS

Journal of Canadian Dental Association

Year to December 31, 1976

<u>REVENUE</u>	1975 <u>ACTUAL</u>	1976 REVISED <u>BUDGET</u>	1976 TO DECEMBER 31 <u>1975</u>
*Gross Advertising	\$200,594.00	\$225,000.00	\$213,359.30
Subscriptions Sold	<u>8,206.00</u>	<u>9,500.00</u>	<u>13,175.40</u>
	<u>\$208,800.00</u>	<u>\$234,500.00</u>	<u>\$226,534.70</u>
 <u>EXPENDITURES</u>			
*Agency & Media Rep. Commissions	\$ 25,714.00	\$ 33,770.00	\$ 24,127.50
*Customs Brokerage	332.00	600.00	750.50
*Sales Travel Expense.	1,572.00	2,350.00	4,981.10
*Printing	83,753.00	86,800.00	86,639.80
*Postage	17,385.00	22,000.00	11,054.00
*Translations	1,722.00	1,900.00	2,448.20
*Photography	300.00	400.00	650.00
*Art	740.00	1,000.00	640.00
*Cartoons	-	200.00	50.00
*Sundry Journal Expense	2,941.00	-	4,909.40
Salaries	54,681.00	70,700.00	54,831.00
Salary Expense	4,260.00	4,306.00	6,224.00
Office Expense	1,900.00	1,500.00	3,600.00
Office Postage	2,000.00	1,500.00	500.00
Telephone	2,040.00	2,040.00	2,040.00
Furniture & Fixtures	-	-	-
Floor Space Evaluation	4,400.00	4,400.00	3,300.00
Convention & Annual Meeting	<u>539.00</u>	<u>539.00</u>	<u>-</u>
	<u>\$204,279.00</u>	<u>\$234,005.00</u>	<u>\$206,746.00</u>
Excess of Revenue over Expenditures	\$ 4,521.00	\$ 495.00	\$ 19,788.70

* Produces Journal Gross Revenue shown as Journal Operation item on Revenue Statement

C.D.A. CONVENTION
EDMONTON 1976
TO DECEMBER 31, 1976

VENUE

Ticket Sales	\$ 18,070.50	
Booth Rental	35,225.95	
Registration	67,337.50	
Interest Revenue	244.10	
Sundry Income	<u>40.00</u>	\$120,918.05

PENSES

Bank Charges	\$ 228.45	
Shipping and Mailing	713.92	
Clinician Travel	10,051.13	
Clinic Facilities	872.00	
Commercial Exhibit Cost	6,561.83	
Registration Facilities	1,300.71	
Social and Entertainment	32,797.35	
Clinicians Gifts	502.50	
Temporary Office Help	714.04	
Security Service	612.15	
Headquarters Services	\$ 2,171.49	
Administration	<u>13,105.04</u>	15,276.53
Telephone and Telegraph	1,445.43	
Staff and Committee Travel	7,061.96	
Printing and Publicity	<u>29,370.46</u>	\$107,508.46

CESS OF REVENUE OVER EXPENDITURE

\$ 13,409.59

LOWANCE FOR ACCOUNTS PAYABLE

5,000.00

\$ 8,409.00

* In my Statement up to December 16, I had allowed \$12,299.55 for the Hotel MacDonald, as of this date I have paid \$8,105.04, as negotiated. The \$5,000.00 figure is a contingency for this difference, and sundry small amounts, and may not be needed.

1976 MEMBERSHIP

SUMMARY

<u>PROVINCE</u>	<u>TOTAL</u>	<u>NUMBER OF MEMBERS</u>	<u>CORPORATE FEE</u>	<u>CORPORATE GRANT</u>
BRITISH COLUMBIA	\$101,175.00	1349	\$ 13,490.00	\$ 87,685.00
ALBERTA	61,050.00	814	8,140.00	52,910.00
SASKATCHEWAN	19,725.00	263	2,630.00	17,095.00
MANITOBA	27,262.50	363	3,630.00	23,632.50
ONTARIO	190,305.65	2537	25,370.00	164,935.65
QUEBEC	70,175.00	772	20,000.00	50,175.00
NEW BRUNSWICK	11,460.00	153	1,530.00	9,930.00
NOVA SCOTIA	21,255.00	283	2,830.00	18,425.00
PRINCE EDWARD ISLAND	3,000.00	40	400.00	2,600.00
NEWFOUNDLAND	5,628.00	75	750.00	4,878.00
	\$511,036.15	6649	\$ 78,770.00	\$432,266.15

1976
CORPORATE GRANTS
AND
CORPORATE FEES

<u>MONTH</u>	<u>ASSOC.</u> <u>MEMBERS,</u> <u>FEES</u>	<u>B. C.</u>	<u>ALTA.</u>	<u>SASK.</u>	<u>MAN.</u>	<u>ONTARIO</u>	<u>QUEBEC</u>	<u>ATLANTIC PROVINCES</u>
JANUARY	\$ 120.00	\$	\$	\$	\$	\$ 130.00	\$ 195.00	\$
FEBRUARY	1,420.00		15,000.00			195.00	32,835.00	5,628.00 (NFLD)
MARCH	1,060.00	25,000.00		5,000.00		100,130.00	9,290.00	3,900.00 (N.S.)
APRIL	600.00					50,195.00	4,845.00	4,355.00 (N.S.)
MAY	100.00		15,000.00			130.00	845.00	
JUNE	160.00	20,000.00				7,215.65	975.00	11,460.00 (N.B.)
JULY	22.50			5,000.00			20,390.00	
AUGUST	60.00		15,000.00			65.00		
SEPTEMBER	40.00	20,000.00				31,990.00	260.00	6,500.00 (N.S.)
OCTOBER				5,000.00		,100.00	410.00	
NOVEMBER			16,050.00		27,262.50	65.00	130.00	6,500.00 (N.S.)
DECEMBER	55.00	36,175.00		4,725.00		90.00		3,000.00 (P.E.I.)
	\$ 3,637.50	\$101,175.00	\$ 61,050.00	\$ 19,725.00	\$ 27,262.50	\$190,305.65	\$ 70,175.00	\$ 41,343.00

FINANCE

/copy

CANADA TRUST

February 14, 1977

Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Attention: Mr. L. Stevenson
Executive Director

RE: Mortgage No. 35-103768-4
1815 Alta Vista Drive, Ottawa

Dear Sirs:

The mortgage on the above noted property matures on February 28, 1977. We would be pleased to renew this mortgage balance of \$465,464.69 at maturity.

According to the terms of the registered mortgage we are offering you a further one year term at an interest rate of $\frac{1}{2}$ of 1% below our prime five year conventional mortgage rate which is currently 10 $\frac{1}{2}$ %.

Enclosed is a Renewal Agreement in duplicate for your signature. The new agreement calls for monthly payments of \$4,128.00 covering Principal and Interest at 9.3/4% per annum and 1/12th of the estimated annual taxes with the first payment starting March 28, 1977.

To complete this renewal for the next year, kindly have it executed by the appropriate officers of the Association, and then return the original copy of the Renewal Agreement to our office. The duplicate Agreement is for your records and we suggest that you place it in safekeeping with your other important documents.

Our renewal fee for your mortgage loan is \$100.00 and this may be paid by sending a cheque with your signed Renewal Agreement. Alternatively, the renewal fee may be charged to your mortgage account. If a cheque is not received with the copy of the agreement, we will assume you wish us to charge your account.

Thank you for your co-operation.

Sincerely,
CANADA TRUSTCO MORTGAGE COMPANY

(signed)

C.B. Adams
Mortgage Inspector

CBA/es
encl.

c.c. D. MacLeod

HEALTH CARE (1977)

MEMBERS: R.G. Dickson, Chairman, Drumheller; J.F. Begin, Brossard; D.E. MacFarlane, Vancouver; J.W. Mackay Saskatoon; B. Goldberg, Winnipeg; R.J. Sexton, Islington; J. Belanger, Montreal; J.R. Robertson, Summerside, D. A. Eisner, Halifax; J.W.S. McMullen, Fredericton; T. Gushue, Grand Falls.

R E P O R T

AUXILIARY SERVICES COMMITTEE

1. RESOLVED

That the Council pursue the development of Extended Training Modules until such time as the Board makes its final decision on the Levels System of Dental Auxiliary training.

ADOPTED

DENTAL SERVICES COMMITTEE

2. MOTION

APPENDIX 1

That the Council approve "The CDA Claims System - A Brief Summary for Insurers" as amended, and that it be directed to the Board of Governors for their approval.

RESOLVED

The Board recommends approval of the "Brief Summary" Report as amended by the Executive Council.

ADOPTED

3. MOTION

That Council approve, in principle, the draft form of the revised CDA Standard Claim Form and subject to the further approval of minor revisions, recommend its acceptance by the Board of Governors.

Executive Council disagrees and recommends the following substitute resolution:

RESOLVED

That, until such time as the draft of the Revised Standard Claim Form is approved by a majority of the

HEALTH CARE

Corporate Members, the form not be adopted, given approval for use of the CDA crest, nor used by any Corporate Member or prepayment plan carrier.

ADOPTED

4. MOTION

Council on Health Care accepts the Standard Supplementary Information Form in principle.

RESOLVED

The Board agrees with Council's action, and further, recommends the adoption of the revised Standard Supplementary Information Form.

ADOPTED

5. RESOLVED

Whereas there is an increase in the number of prepaid dental insurance plans in Canada, and

Whereas this increases the amount of dental consultant services, and

Whereas many dental consultants presently exercise their judgment beyond the boundaries of their province, and

Whereas dental consultant services are frequently being improperly interpreted by third party,

Therefore be it resolved

That provincial dental associations be encouraged to develop guidelines for dental consultant activity and that these guidelines be incorporated into a national policy.

ADOPTED

6. RESOLVED

That the Dental Services Committee explore the need for the Fee/Slip Computer Card as a CDA Standard Form and if so, develop it for presentation to the Council.

ADOPTED

HEALTH CARE

7. RESOLVED

Whereas the provincial policies on the access to dental records (radiographs, study casts, etc.) by third party appear to differ somewhat, and

Whereas these records are frequently used by third party in an improper manner,

Therefore be it resolved

That the Council survey the provincial dental associations' policies on dental records and the opinions on a policy of providing a signed radiological report.

ADOPTED

8. RESOLVED

That the Council on Information Services be requested to consider the development of a CDA brochure on fees similar to that produced by the American Dental Association, "Your Dental Bill - What Goes Into It."

ADOPTED

RURAL DENTAL PRACTICE

9. MOTION

That Dr. MacFarlane prepare a brochure on Recruitment of Dentists for Rural Areas and submit this to the Council for approval.

RESOLVED

That the Board disagrees, and recommends that Dr. MacFarlane prepare a draft of a brochure on Recruitment of Dentists for Rural Areas, and submit it to Council for consideration and recommendation.

ADOPTED

LICENSING

10. RESOLVED

That whereas the Federal Dental Service must consider for any open position any individual who can demonstrate that he is eligible for a licence in any province in Canada, and

HEALTH CARE

Whereas there are possibly variations in standards of licensure from province to province and

Whereas this has major ramifications,

This Council recommends that the Board of Governors investigate this situation.

The Board also recommends that the Council on Education prepare and submit a report on licensing standards of the provinces for consideration at the next Board of Governors Meeting.

ADOPTED

COUNCIL ON HEALTH CARE - OBJECTIVES AND PRIORITIES

11. RESOLVED

That the Council on Health Care accept the prioritized objectives for the ensuing year.

ADOPTED

These objectives are as follows (in order of priority):

- a) Complete the revision of the CDA Standard Claim Form.*
- b) Establish policy on access to dental records for third party.*
- c) Prepare dental consultant guidelines.*
- d) Prepare a report on the handicapped.*
- e) Prepare a report on gerodontics.*
- f) Develop extended training modules.*
- g) Prepare brochure on rural dentist recruitment.*
- h) Review the cost and utilization of provincial public health care plans in Canada.*
- i) Survey of provincial public health mechanisms administrative establishment.*
- j) Review public health programs within the provinces.*
- k) Seek out and report on public health measures.*

ADOPTED

REPORT TO THE BOARD OF GOVERNORS

12. RESOLVED

That the Chairman of the Council on Health Care be present when the Executive Council considers the report of this Council to explain and defend the recommendations.

Executive Comment. Executive Council disagrees. Council reports are for consideration by the Board of Governors and should be definitive, explicit, and self-explanatory to a degree of reasonable understanding. The Chairman of a Council is always invited to present his report of Council activities to the Board, and, if explanation and/or defence is required it

HEALTH CARE

should be initiated at the Board Meeting. Executive Council comments and recommendations are prepared for guidance to the Board and are not final decisions. However, the presence of a Council Chairman at an Executive Council session may be requested if deemed advisable at any time.

The Board received this comment as information.

13. RESOLVED

That the Council on Health Care act on Dr. Harris' suggestion and submit recommendations regarding a CDA policy on smoking.

ADOPTED

SPECIALIZED DENTAL CARE NEEDS

14. RESOLVED

That Dr. John McMullen examine and report to the Council on the dental care needs of the handicapped persons in Canada and the ability of the profession to meet those needs.

ADOPTED

15. RESOLVED

That Dr. R. Sexton examine and report to the Council on the need for Gerodontic or Extended Dental Care in Canada.

ADOPTED

16. RESOLVED

That the Board adopt the Council on Health Care Report.

ADOPTED

HEALTH CARE

THE C.D.A. CLAIMS SYSTEM

A BRIEF SUMMARY FOR INSURERS

Because of the rapidly growing number of patients whose dental care is paid for in whole or in part by third parties, the C.D.A. has developed a standardized system for the processing of third party payments. This standardized system for all claims minimizes errors in completing forms in the dental office and simplifies processing for the insuring body.

Principles

The patient or/parent/or guardian is responsible for authorizing treatment and for the payment of all accounts.

The subscriber has a contract with the insuring company which indemnifies the patient for part or all of the costs incurred. The patient pays his account and then is reimbursed by the insurance company. The patient may, with the dentist's consent, assign the insurance company's payment to the dentist. C.D.A. does not encourage this latter method of payment.

Services Offered

To assist the subscriber in receiving his reimbursement from the insuring company the dentist will, without a fee for the service:

1. Fill out a Standard Approved Treatment Plan estimate form.
2. Fill out a C.D.A. or Provincially approved Standard Approved Claim Form.
3. Reply to indicated questions on a Standard Approved Supplementary Information Form.
4. To assist the subscriber in receiving his reimbursement from the insuring company, the dentist will, at the appropriate fee, prepare short expertise letters in response to written request.

Fee Guides

The C.D.A. has developed a uniform code and list of services which is now utilized in every provincial suggested fee guide across Canada.

Copies of the current provincial suggested fee guides may be obtained from the provincial dental associations.

Claim Forms

Companies printing claim forms must use the format (without change) of the C.D.A. Standard Approved Claim Form. The opening to the left of the approval logo is for the company name and address. The remainder of the blank area to the right (and below) the dentist's section is for company use for whatever information they require from the subscriber or union or company administration office. Dentists are not required to complete any portion of a Claim or other form except the "Dentist's Section".

For C.D.A. approval a draft of your proposed claim form should be submitted to the

Chairman, Council on Health Care
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario.
K1G 3Y6

Approval is also required for the printing of treatment plan forms or supplementary information forms if you wish to use the "approval" logo.

It is the basis of C.D.A. guidelines to dentists that they should use and complete only those forms bearing the C.D.A. "Approval" and logo or the Provincial equivalent.

Manuals

The C.D.A. and most provincial associations have printed "manuals" which instruct the dentist (and third party carriers) in the correct utilization of the C.D.A. claims systems. These may be obtained from the dental association concerned.

Complaints

Dentists and Insurance Companies are asked to direct all problems, procedural or ethical to the appropriate provincial dental association. Procedural complaints are often handled directly by the provincial office or referred to the appropriate committee. More serious complaints may be referred to the provincial mediations committee for resolution.

HEALTH CARE

MEMBERS: R.G. Dickson, Chairman, Drumheller; D.E. MacFarlane, Vancouver; P.J. Kirby, Edmonton; J.D. MacKay, Saskatoon; B. Goldberg, Winnipeg; R.J. Sexton, Islington; J. Belanger, Montreal; D. Williams, New Brunswick; D.A. Eisner, Halifax; J.R. Robertson, Summerside; D. Jackman, Grand Falls.

REPORT

MEETINGS

1. Council met at C.D.A. Headquarters on April 6, 7, 1976. There were no representatives from Ontario or Newfoundland. Three members were new to the Council. Also in attendance at this meeting were Dr. Wilf Feasby, Chairman, Council on Education; Major Harold Wood, C.F.D.S.; Dr. T.M. Curry, Department of National Health & Welfare, Ms. J. Costigane, C.D.H.A.; and Ms. Lynn Wilson, C.D.N.A.A.
2. Under the aegis of the Council on Health Care, the Dental Services Committee held a meeting of Provincial Economics Committee Chairmen during the 1975 C.D.A. Convention in St. John's and participated in a meeting of Economics Committee Chairmen from Western Canada.
3. The Auxiliary Services Committee held a meeting of Provincial Auxiliary Services Committee Chairmen and representatives of C.F.D.S.; C.D.H.A.; and C.D.N.A.A. at C.D.A. Headquarters on 5 April 1976.

PUBLIC HEALTH COMMITTEE

4. Council accepted the report of the Public Health Committee and instructed Dr. J. Robertson to prepare, on behalf of the Council, an article on specifically identified current dental public health measures, for submission to the J.C.D.A.
5. With respect to fluoridation, the following resolution is presented for approval:

RESOLVED:

- (1) *That it be recommended to the Executive Council that on behalf of the Association, a congratulatory letter be forwarded to the Government of Quebec commending the Government for the introduction of legislation which now requires fluoridation of communal water supplies, and*
- (2) *that the corporate members in the other provinces be encouraged by the Association to use their influence to bring about similar legislation in their respective provinces.*

ADOPTED

HEALTH CARE

6. With encouragement from the Council on Health Care, Dr. T.M. Curry has set up a federal committee, with Council representation, to again tackle the complex problem of developing a Canadian Dental Health Index.

Executive Council wishes to draw attention to the following motion (1976T-15):

"Whereas representation is on behalf of the Board of Governors and is not an appointment by a Council or Committee but is a recommended nominee to the Board, i.e. Executive Council, therefore it is moved that all appointees representing the Canadian Dental Association on committees of external organizations will be chosen by Executive Council and ratified by the Board of Governors."

7. After some discussion of the importance of the evaluation of a patient's vital signs, Council presented the following resolution for the approval of the Board:

MOTION:

"Whereas the Council on Health Care is of the opinion that the monitoring of a patient's pulse rate and blood pressure should be integral components of a thorough dental examination,

therefore be it resolved that the Board of Governors encourage the dental schools in Canada to emphasize these diagnostic aids in their undergraduate and continuing education curricula,

and also to encourage practising dentists to routinely make use of these diagnostic aids when providing dental care to their patients."

The Board feels that endorsement of item 7 is inappropriate at this time and in the event that an interested health organization wished to sponsor a program in the prevention and detection of hypertension, CDA would at that time reconsider its role.

RESOLVED

That this Council continue to investigate hypertension and the role that the dental profession may play in diagnosing and evaluating it.

ADOPTED

HEALTH CARE

AUXILIARY SERVICES

8. Provincial Auxiliary Services Committee Chairmen attended a meeting (C.D.A. Headquarters, 5 April 1976) to reach unanimous approval of a Uniform Dental Auxiliary Career Training Model. This meeting was attended by representatives from B.C., Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, C.F.D.S., C.D.H.A., and C.D.N.A.A.
9. The Provincial Chairmen agreed on a career option system of education for dental auxiliaries which offers both vertical and lateral mobility. The duties to be assigned to the three core levels and to the modules at levels I and II were approved. (See Appendix I).
10. Motion: That Council accept the report of its Auxiliary Services Committee and that this report be recommended to the Board of Governors for approval.

APPENDIX I

This report was received as information.

11. The Chairman reported briefly on the A.D.A. Workshop on Dental Auxiliary Expanded Functions (March 31, April 3, 1976 in Chicago) which he attended with President Mussells. A preliminary report on this meeting was provided for the Executive Council.
12. The report of C.D.H.A. was received as information.
13. The report of C.D.N.A.A. was received as information. The Council noted, with interest, the suggestion of amalgamating the C.D.H.A. and C.D.N.A.A. to form an association of dental auxiliaries. With the acceptance of a Level System of Dental Auxiliaries, this would seem to be a most progressive move.

DENTAL SERVICES

14. Acceptance of the C.D.A. Standard Claims Forms, Uniform Code and List of Services by provincial dental associations is now virtually complete. Functional revisions are being made on a continuing basis and Council reaffirmed its authorization (1974T175) to the Chairman of the Council to make necessary refinements.
15. Council is now preparing a complete brochure on C.D.A. policies and claims procedures for prepayment plans for Board approval.
16. Council submits the following resolution concerning the standardization of forms for supplemental information when it is required by Third Party:

Motion: Whereas insurance companies are now having to write many letters to complete and clarify submitted dental treatment plan forms and dental treatment claim forms, and whereas it is time-consuming for dentists to answer each letter individually,

HEALTH CARE

and whereas the questions as set out in Appendix 7 are considered to be appropriate and reasonable be it RESOLVED

That the "Dental Claim Form Supplementary Information Form" and the "Dental Treatment Plan Supplementary Information Form" be recommended to the Board of Governors for approval.

RESOLVED: The Board disagrees and recommends adoption of the single page Supplementary Information Form as revised to March 10, 1977 (see Appendix 2).

APPENDIX 2

17. Council felt that provincial dental jurisdictions should adopt Dental Consultant Guidelines and notes that the Ontario Dental Association has already developed such guidelines for use in Ontario.
18. The reports of the following meetings were received as information:
 - (a) Economics Committee Chairmen - St. John's - August 1975 - (Discussion of Standard Forms, Code, List of Services, T & R).
 - (b) Western Canada Economics Committee Chairmen - Edmonton - December 1975 (Discussion - Fee guides, Modified RVU System, Specialist fee guides, mini fee guides, utilization of C.D.A. Code).
 - (c) C.A.A.S.I. - O.D.A. meeting - December 1975 - (Discussion of policy re: radiographs and study models and Third party).
19. Council discussed the problems inherent in submitting radiographs and study models to third parties and agreed that since the opinion of the Council members was presently so divided, the tentative C.D.A. policy should be maintained.
20. A summary of Provincial Dental Plans provided by Dr. T.M. Curry, was filed for information.
21. A 1976 Provincial Survey was summarized and filed as information along with a report of Provincial Highlights from Council members.

The survey results were forwarded to Corporate members.
22. Council noted that C.D.A. is monitoring A.I.B. regulations and Mr. Stevenson is prepared to provide assistance, if required, to any corporate member.

HEALTH CARE

23. Council considered a proposal from Dr. Anthony re funding of Council meetings and agreed to refer it to the Executive Council for further consideration and action.
24. Some of the continuing activities of the Council on Health Care include: Participation in developing a Canadian Dental Health Index; further development of Uniform Dental Auxiliary Career Training Model; Preparation of brochure on C.D.A. Claims system for third party prepayment; encourage J.C.D.A. to develop an issue on the problems associated with and methods of coping with the maldistribution of dentists.

Executive Council expressed the opinion that it is inappropriate for the Council on Health Care to be involved in the development of a Canadian Dental Health Index. The Board requested the Council on Health care to continue monitoring progress in this field.

25. The report of the Dental Auxiliaries Ad Hoc Committee is attached as Appendix 3.

APPENDIX 3

This report was received as information and the Board recommends that there be no extension of the accreditation program at the present time. Each Corporate body has been invited to submit its views on this subject.

RESOLVED

That the Council on Health Care prepare a report on Dentistry for the Handicapped to examine and report regularly on the needs of handicapped persons and the ability of the profession to meet this requirement.

ADOPTED

RESOLVED

That the Council on Health Care prepare a report on Geriatric or Extended Dental Care.

ADOPTED

RESOLVED

That this report be circulated to all corporate bodies and members of Executive Council.

ADOPTED

RESOLVED

That the report of the Canadian Health Council be accepted.

ADOPTED

REPORT OF THE MEETING OF THE PROVINCIAL
DENTAL AUXILIARY SERVICES CHAIRMEN

Monday, April 5, 1976

PRESENT

Dr. Ron Dickson, Chairman, Council on Health Care
Ms. Lynn Wilson, CDNAA
Ms. Sherita Clark, CDHA
Dr. David Precious, Nova Scotia
Dr. Don Williams, New Brunswick
Dr. Jacques Belanger, Quebec
Dr. Roland L'Arrivee, Quebec
Dr. Len Gaile, Ontario
Dr. Ray Shunock, Ontario
Dr. Jan Brown, Manitoba
Dr. John MacKay, Saskatchewan
Dr. C. McNichol, Alberta
Major Harold Wood, CFDS
Dr. Don MacFarlane, B.C., Chairman of the Auxiliary
Services Committee.

RECOMMENDATIONS:

1. The Auxiliary Services Committee recommends the acceptance of the Career Options System.
The duties accepted at core levels and for the restoration module and orthodontic module at level II were accepted.
The modules off of level III are not included in the CDA System at this time.
2. Recommends the investigation of the development of a practice management module at level I.
3. Supervision - utilize CDA definition
4. Joint Committee of Council on Education and Council on Health Care to develop educational guidelines and requirements should include representation of dental auxiliaries and auxiliary educators and should consider utilizing educational expertise on a project basis.
5. Recommends that consideration be given the inclusion of the dental technician in the career options in the future.

CAREER OPTIONS SYSTEM:

Dr. MacFarlane reviewed the rationale for the development of a career options system for training dental auxiliaries.

Council agrees that the criteria a career options system must demonstrate are:

1. Vertical mobility and lateral mobility.
2. Advanced standing for past experience - i.e. challenge examinations.
3. Identification of common core areas of knowledge, those areas taught in common programs.
4. Specialty areas taught as continued education rather than as part of core areas.
5. The introduction of a mastery concept at all levels; this is where a student moves at his own rate and not just a certain length of time. This would then lead to the concept of continuous student intake. Concern should be on the quality of the end product and not the process of education.
6. Multiple entrance opportunities.
7. In the development of a model for a career options system, it is imperative that minimal requirements and guidelines which include defined performance objectives and evaluation criteria be established for each level. Consideration should also be given to the development of proficiency and challenge examinations to facilitate appropriate placement of individuals within the educational system and to accommodate individual learning abilities.
8. A modular approach to curriculum design is recommended and should include the utilization of self-instructional materials wherever possible.

FUNCTIONS TO BE INCLUDED AT EACH CORE LEVEL

LEVEL 1

Office Procedures

Make patient appointments
Receive and place telephone calls
Type materials relevant to office procedure
Purchase supplies

Keep an inventory
Fill-in financial records with patient and/or
third party

Record and maintain financial transactions
Maintain channels of communication
File dental radiographs and other relevant dental records

Operatory Procedures

Receive and dismiss patients and visitors
Position and prepare patients in the dental chair
Clean and care for operatory and equipment
Maintain chain of asepsis
Prepare instruments for and operate sterilizers
Prepare appropriate tray set-ups.

Clinical Procedures

Record patient history
Record examination findings - plaque, oral structures,
occlusal and head and neck
Take intra- and extra-oral photographs
Pour, trim and articulate study casts
Polish dentures
Adjust voltage, amperage and timer on x-ray machine
Maintain patient and operatory safety measures for
x-radiation
Select appropriate film size for patient's mouth
Select accessories for radiographic techniques
Mount radiographs of acceptable diagnostic quality
Label dental radiographs
Develop and fix exposed radiographs
Mix solutions for developing and fixing radiographs
Clean radiographic processing equipment
Maintain unexposed radiographic film storage
Assist with oral surgery procedures
Maintain a clear field - retraction, suction
Assist with the administration of local anesthesia
Assist with rubber dam application and removal
Triturate amalgam alloy
Identify, pass to operator and receive appropriate
dental instruments and materials
Assist with first aid procedures

LEVEL II

Educational and Preventive Services

Provide appropriate home care instruction and information
Provide diet counselling
Provide instruction in placement and care of all removable
orthodontic appliances

HEALTH CARE

Provide instructional in use and maintenance of
partial dentures, complete dentures and obturators
Polish clinical crowns of teeth
Apply topical anti-cariogenic agent
Etch teeth and apply fissure sealants

Laboratory Functions

Test for caries susceptibility

Radiographic Procedures

Apply paralleling and bisecting angle procedures for
periapical radiographic surveys
Apply bitewing radiographic procedures
Apply extra-oral radiographic procedures
Apply panoramic radiographic procedures

Restorative Procedures

Apply topical anesthetics
Place and remove rubber dam
Place cement bases and related medicaments
Place temporary dressing
Place and remove matrices and wedges

Other Intra-Oral Procedures

Remove sutures
Take initial study model impressions

LEVEL III

Data Collection for Assessment by Dentist

Preliminary examine head and neck
Preliminary examine intra-oral structures
Preliminary examine occlusal relationship
Identify habits affecting occlusion
Prepare patient's medical and dental history for
interpretation by dentist
Make pulp vitality test
Take blood pressure and pulse rate

Intra-Oral Procedures

Replace periodontal pack
Remove periodontal pack
Desensitize hypersensitive teeth
Remove supra- and subgingival calculus
Curette and root plane tooth surfaces
Remove excess restorative material

RESTORATIVE MODULES

Available at Level IIFunctions

Place restorative materials (in tooth prepared by dentist)
Carve restorative materials
Remove excess restorative materials
Finish restorative materials
Recontour existing restorations
Cement temporary bridges
Cement temporary crowns
Cement temporary inlays

ORTHODONTIC MODULES

Available at Level IIFunctions

Tie in prepared orthodontic arch wires
Remove orthodontic arch wires
Remove excess cement following cementation of
orthodontic bands
Remove orthodontic bands
Fit orthodontic bands prior to cementation
Cement orthodontic bands

Appendix 2

SUPPLEMENTARY INFORMATION FORM



Approved by the
Canadian Dental
Association

Policyholder	The enclosed form does not contain the information necessary to process it accurately. Please provide the requested information, as indicated by the check box, either on this form, or on the enclosed form, if more appropriate. If tooth code is requested, please use International Tooth Code. Please return in the enclosed stamped envelope. Thank you. Date _____ Assessor _____
Insured/Subscriber	
Patient	
D Name E Address N City, Prov. T Postal Code I Telephone S Telephone T Social Ins. Number	

- ☐ 1. Please sign the enclosed treatment plan form or the statement of performed services on the claim form.
- ☐ 2. Please advise which teeth are being replaced by the _____ removable prosthesis(es).
Tooth Code: _____
- ☐ 3. If you removed any of the teeth which are being replaced by the _____ removable prosthesis(es), please indicate teeth and dates of extraction.
- a) Date _____ Tooth Code _____
- b) Date _____ Tooth Code _____
- c) Date _____ Tooth Code _____
- ☐ 4. Please advise if this prosthesis is replacing a pre-existing denture Yes ☐ No ☐
or bridgework Yes ☐ No ☐
If you inserted the pre-existing denture, please provide the approximate insertion date _____.
- ☐ 5. In this pre-treatment situation relating to crown and bridge, to assist us in determining our liability for _____, please forward radiological report (or pre-treatment x-rays) and/or diagnostic casts if applicable.
- ☐ 6. For the _____ service(s) performed on _____, please indicate the current procedure code numbers or, if not available, a brief description of the service performed.
- ☐ 7. For procedure _____ performed on _____, please indicate the Tooth Code.
- ☐ 8. For procedures completed on (date) _____, please itemize the charge into fees for each individual service.
- ☐ 9. Please advise which teeth, if any, were extracted at the request of an orthodontist.
None ☐
Tooth Code: _____
- ☐ 10. Please indicate the date active orthodontic treatment commenced. Date _____

DENTIST'S COMMENTS:

DENTAL AUXILIARIES

AD HOC COMMITTEE

A REPORT TO THE PRESIDENT OF THE CANADIAN DENTAL ASSOCIATION BY THE CHAIRMEN OF THE COUNCIL ON HEALTH CARE AND THE COUNCIL ON EDUCATION

The Chairman of the Council on Health Care and the Chairman of the Council on Education recommend as follows:

- THAT
- The Canadian Dental Association support the Career Options Concept as recommended by the Council on Health Care
 - It is desirable to maintain high minimum standards and to facilitate portability of qualifications in each of the components of the Career Options System.
 - The Council on Education be requested to extend its accreditation program to embrace the training programs of the new varieties of auxiliaries.

Prognosticating the future, as directed, is hazardous at best. However, the examination of present trends should provide useful clues as to future directions. Even a cursory review of recent events would indicate that those concerned with the dental health of our population, whether in organized dentistry or not, are devoting their attention to two areas of productive activity:-

1. Increasing the productivity of the present system.
2. Promoting more effective preventive dentistry.

Increased productivity serves the objectives of both the Ministers of Health and the dental profession. One of the principal mechanisms for increased productivity is the expanded utilization of auxiliary personnel. There has been a noteworthy proliferation of varieties of auxiliary personnel across the country. Consequently the activity "applicable to the education, utilization and supervision of auxiliaries in particular" concerns us here.

In view of this trend and in view of the varieties of auxiliaries appearing, the Council on Health Care has examined the duties, responsibilities and supervision of the various kinds of auxiliaries. They have realistically accepted the proliferation of auxiliaries as a trend that must be coped with at the national level. The Council on Health Care has adopted the philosophy of a career ladder, as suggested at the Banff Conference, as a principle that would not only bring some order to a confusing situation, but also provide the basis for a national pattern. It is noteworthy that the Council on Health Care has made very significant progress in this regard.

It has successfully negotiated a structure of auxiliaries that has been agreed to by the representatives of dental auxiliaries of the 10 corporate members. This achievement should eventually result in the standardization of the duties of the various dental auxiliaries across the country. The Career Option System, its principles and the details of the functions at each level are detailed in Appendix I.

Respectfully submitted,

W.H. Feasby
June, 1976

R.G. Dickson

HOSPITAL SERVICES

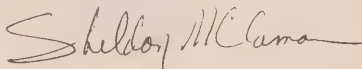
HOSPITAL SERVICES COUNCIL INTERIM REPORT

1. At the time this report was written, the annual meeting of the Council had just been held.
2. At the date of this report, 13 hospital surveys had been carried out. For the balance of 1977, 17 surveys are scheduled and the survey teams have been assigned.
3. A variety of queries were answered in the Council's effort to assist the various licensing bodies with problems related to dental services in hospitals. These queries were handled as a function of the council but not as part of the meeting.
4. Revisions of procedures, definitions and descriptions contained in the Council's documentation and information brochures are to be initiated. These reviews are in progress now. Several documents were completed at this meeting.
5. The revisions to the Council's terms of reference were discussed. An appeal for further review and change is presented with this report.
6. The Council notes with appreciation the granting of a budget for the first time. A related statement concerning funding and procedures involving the Council's activities is attached in the form of a comment and recommendations concerning Dr. Silver's letter.
7. A review of provincial Dental Acts and legislation relating to the practice of dentistry in hospitals and the training of interns is being initiated as recommended by the Board of Governors.
8. The Council will be operating with a new composition of members beginning in 1977-78. On behalf of the Council, I wish to record our deep gratitude for the assistance and cooperation of everyone at CDA Headquarters, and particularly Marg Hideg.

APPENDIX 1

APPENDIX 2

Respectfully submitted



Sheldon M. Claman, D.D.S., F.R.C.D.(C)
Chairman, Council on Hospital Services.

The presently approved Item #2 of the terms of reference now in effect, requires recognition of 10 separate sets of hospital standards. This will make the functioning of the Hospital Services Council impossible. The ultimate effect will be that of having:

- (a) the CDA doing accreditation using provincial standards and doing so exclusively at a provincial level
- (b) the CDA abolish a currently recognized national set of basic standards
- (c) the CDA accreditation becomes valueless at both national and international levels. The reciprocal U.S./Canada arrangements now in effect would be jeopardized if not destroyed and there might be conflict precipitated in areas of graduate education and in the activities of the Council on Education.

The revision suggested by the Council on Hospital Services, if accepted, will maintain national and international integrity and will give the respective provincial bodies a direct say in accreditation in that institutions will be required to meet the CDA standards as well as the provincial standards in order to attain CDA recognition and status.

The provincial standards and approval would be a component and basic requirement where they exist. If, for some reason a hospital was deficient in a provincial standard or lacked provincial accreditation, CDA status would automatically be influenced accordingly.

If, on the other hand, the institution was deficient by CDA standards, it would not necessarily prevent provincial accreditation.

This recommended change was drafted with careful consideration being given specifically to the legislation and requirements in Quebec and in anticipation of related legislation in Ontario. Members of Council from both these provinces participated in the drafting of our revision.

Motion: Mulrooney/Parnell:

"Whereas the present terms of reference, item 2, suggest that 10 different standards might be applied across Canada, the Council on Hospital Services requests that Executive Council and the Board of Governors consider the revision suggested by this Council, i.e.

to maintain a system of accreditation for hospital dental services and to define roles and responsibilities which meet the basic standards or requirements established by the CDA with due regard to the requirements of the Corporate members.

The other amended terms of reference (i) and (iii) are acceptable." *

TERMS OF REFERENCE - COUNCIL ON HOSPITAL SERVICES(e) Council on Hospital Services

The Hospital Services Council shall consist of five members, representative of the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia.

It shall be the duty of the Hospital Services Council:

- (i) to assist in maintaining a high standard of dental services in Canadian Hospitals.
- (ii) to approve hospital dental services and to define roles and responsibilities which meet the requirements of the Corporate members.

Amendment requested by the Council on Hospital Services:

- (11) to maintain a system of accreditation for hospital dental services and to define roles and responsibilities which meet the basic standards or requirements established by the CDA with due regard to the requirements of the Corporate members.

RESOLVED:

Whereas the requested by-law revision would effectively reverse the action taken by the Board of Governors in 1976 which was to make CDA accreditation compatible with Corporate Member and Licensing Board requirements,

Therefore, the Board disagrees with the recommendation.

ADOPTED

- (iii) to examine and report on the Provincial Acts governing provision of dental services in hospitals.

DR. SILVER'S RECOMMENDATIONS TO THE COUNCIL ON HOSPITAL SERVICES:

The Council on Hospital Services responses to the Board of Governors' recommendations were presented for the Boards approval and the following motion was presented:

MOTION: "Move that the Council on Hospital Services' responses be transmitted to the Executive Council with a request for consideration and action."

CARRIED.

RESOLVED:

- (1) *That hospitals be billed for costs of surveys incurred by CDA.*

The Board Agrees

- (2) *That two examiners conduct surveys to avoid the suggestion of personal bias.*

The Board Agrees

- (3) *That accreditation survey reports and hospital submissions for accreditation purposes be confidential and should be made available only to the Council on Hospital Services.*

Only the final decision on accreditation status should be made public.

The Board Agrees

- (4) *That a copy of the report be sent to the institution surveyed for information and to encourage changes when these are recommended.*

The Board Agrees

- (5) *That the Executive Council consider the possibility of per diem remuneration for surveyors.*

The Board Agrees

- (6) *In accordance with Executive Council's decision to restrict requests for counsel to CDA's own advisers, no comment is made here on legal implications of an unfavourable report.*

ADOPTED

Council on Hospital Services further recommends that the Executive Council reopen negotiations with CCHA with a view to arranging joint surveys for the future.

The Board Agrees with this recommendation.

RESOLVED: "That the report of the Council on Hospital Services be adopted."

INFORMATION SERVICES

MEMBERS: W.B. Chapple, Chairman, Port Hope; M.D. Charendoff, Toronto;
C. Chicoine, Montreal; K.L. Croft, Vancouver, A.E. MacLeod,
Halifax.

REPORT:

COUNCIL MEETINGS

1. The Council held one full day meeting on February 6, 1977 in Toronto.
2. The Sub-committee on Preventive Dentistry held a full day meeting in October 1976.

FILMS

3. The Association's 14 films continued in circulation during 1976 through Modern Talking Pictures at a cost of \$1,715.30. No films were produced or purchased during 1976.

DENTAL HEALTH MONTH - APRIL 1977

4. During the meeting in October 1976, the sub-committee on Preventive Dentistry planned to pool all the present materials held by Corporate members and allow them to be shared nationally for Dental Health Month. Because of lack of funds, it was decided that no new material would be produced this year.

COMMUNICATIONS

5. Problems of communicating with the public and the membership were discussed at length at the Council meeting. The Council recommends that:

RESOLVED *"That the responsibility for communications within the membership, including establishment of an information exchange between corporate members be assigned to one member of CDA staff."*

ADOPTED

FLUORIDATION OFFICER

6. Our Fluoridation Officer, Mr. Lloyd Bowen, has been busy as usual answering letters on the national and international fluoridation scene. We are grateful to the ODA for continuing to provide office space for Mr. Bowen at 234 St. George Street.

INFORMATION SERVICES

SEAL OF RECOGNITION PROGRAMME

7. Since June 1976 the CDA has received six new requests for its Seal of Recognition. These include

- (a) Proof Gel - Colgate Palmolive
- (b) Macleans Fluoride toothpaste - Butler Canada
- (c) Aim Fluoride toothpaste - Level Bros.
- (d) Klensz Mouth Cleanser - Dr. C. Peterson
- (e) Sensodyne toothpaste - Block Drug Co.
- (f) Polylab Fluoride toothpaste - Polylab

8. Because our present Guidelines for the acceptance of new products was deemed in need of revision, a sub-committee on Product Acceptance was formed and has submitted its recommendations to the Board for approval.

APPENDIX I

The Board received this as information.

9. The Sub-committee also has drawn up new guidelines for product acceptance entitled "Provisions for the Acceptance of Therapeutic Products Used in the Prevention of Dental Disease" and submits these for Board approval.

APPENDIX II

The Board received this as information.

10. The Council at its meeting on February 6, 1977, discussed and examined the recommendations of the subcommittee on Product Acceptance and their revised guidelines and recommends:

RESOLVED:

- 11. *"That a programme of CDA acceptance of therapeutics which aid in prevention of dental disease be continued."*
- 12. *"That a Council on Therapeutics be established as soon as possible with the following terms of reference:*
 - 1. *To administer CDA's Seal of Recognition programme*
 - 2. *To advise on therapeutic claims in Journal advertising*
- 13. *and that until the Council is established, a subcommittee of the Council on Information Services be authorized to perform these functions under the name of the Committee on Therapeutics."*

ADOPTED

INFORMATION SERVICES

14. The Council also recommends:

RESOLVED: "That the Council on Therapeutics consist of five (5) members representing expertise in preventive dentistry, clinical trials and epidemiology, clinical research in prevention of caries, clinical research in the prevention of periodontal disease and dental materials."

ADOPTED

15. and that:

RESOLVED: "That the CDA Board of Governors grant authority to the Executive Council to appoint Supporting Members of the Association to membership on the proposed Council on Therapeutics, or as its Chairman, in addition to the Active Members elected by the Board."

ADOPTED

16. Council discussed the economic considerations involved in the formation of a new council and agreed that all expenses borne by the council be paid for by the companies involved in the Seal of Recognition Programme. The Council therefore recommends that:

17. *RESOLVED: "Costs of product evaluation be borne by applicants for the Seal of Recognition, and that applications be accompanied by an initial payment of \$2,000.00."*

ADOPTED

The Board agrees and recommends that consideration be given to a per diem payment for those members working on the Seal of Recognition.

18. *MOTION: "And that per diem allowances be paid to members of the Council on Therapeutics for meetings and other time spent in connection with administration of the Seal of Recognition programme."*

19. *RESOLVED: "The Board disagrees and recommends that persons acting on behalf of the Association at Presidential directive be paid a per diem allowance."*

ADOPTED

20. *RESOLVED: "And that costs of monitoring advertising of recognized products be apportioned to manufacturers."*

ADOPTED

INFORMATION SERVICES

21. The Council, upon reading and discussing the revised "Provisions for the Acceptance of Therapeutic Products" (Appendix II), recommends:

22. *RESOLVED: "That 'Provisions for the Acceptance of Therapeutic Products used in the Prevention of Dental Disease by the CDA' be approved."*

ADOPTED

23. The Chairman also presented the first draft of a legal document drawn up by the CDA lawyers to ensure our position under seal and withdraw us from possible liability.

24. The Council recommends:

RESOLVED: "The draft agreement between CDA and applicants for the Seal of Recognition be approved, subject to final review by the Chairman of the Council."

ADOPTED

25. *RESOLVED: "And that permission to use the CDA Seal of Recognition expire at the end of three (3) years from the time it is granted, but be subject to renewal."*

ADOPTED

26. The Chairman and legal counsel have refined the legal document and it is included under Appendix III for the Board's approval.

27. *RESOLVED: "That this report be accepted."*

ADOPTED

Recommendations to the C.D.A. Board
of Governors by the Subcommittee on
Product Acceptance, Canadian Dental
Association Seal of Recognition

- 1) The subcommittee held two meetings on July 23 and August 27, 1976.
- 2) In light of the two recent submissions to the C.D.A. for product acceptance by the Association and the probable submission of others in the near future and whereas Dr. Smith has shown concern over the additional workload placed on the Committee for Dental Materials and Devices in matters related to therapeutic claims, the subcommittee recommends:

"That a Council on Therapeutics be established as soon as possible with the following terms of reference:

- 1) to administer C.D.A.'s seal of recognition program,
and
- 2) to advise on therapeutic claims in Journal advertising,

and that until the Council is established, a subcommittee of the Council on Information Services be authorized to perform these functions under the name of the Committee on Therapeutics."

The subcommittee also recommends:

"That the Council on Therapeutics consist of five members representing expertise in

- 1) preventive dentistry
- 2) clinical trials and epidemiology
- 3) clinical research in prevention of caries
- 4) clinical research in prevention of periodontal disease
- 5) dental materials."

- 3) The subcommittee, realizing the recent concern of the Executive on further expenditures by the Association, recommends:

"that costs of product evaluation be borne by applicants for the seal of recognition and that applications be accompanied by an initial payment of \$2,000.00,

and

that per diem allowances be paid to members of the Council on Therapeutics for meetings and other time spent in connection with administration of the seal of recognition program,

and

that costs of monitoring advertising of recognized products be apportioned to manufacturers."

The subcommittee believes that the preceding financial arrangements would not be a burden to any forthcoming applications and would reduce any further monetary strains that might be placed on the C.D.A. by the addition of a new council.

- 4) The subcommittee also reviewed the present guidelines used by the C.D.A. in the acceptance of products for recognition and deemed them out of date and in need of revision. In that the present guidelines reflect the association's policy on consumer advertising of recognized products and whereas the guidelines are very vague on details related to product acceptance, the subcommittee has submitted for approval by the Board a new document entitled "Provisions for Acceptance of Therapeutic Products used in the Prevention of Dental Disease by the Canadian Dental Association." This submitted document was drawn up using information derived from our present C.D.A. guidelines, guidelines used by the Council on Therapeutics of the A.D.A. and personal opinions of the subcommittee members relating to the field of scientific research in dentistry. This document, if approved by the Board, would be used by the new Council on Therapeutics in the granting of recognition to therapeutic products submitted.

Provisions for the Acceptance of Therapeutic
Products Used in the Prevention of
Dental Disease by the Canadian
Dental Association

The Canadian Dental Association gathers and disseminates information to assist the dental profession and the public in the selection and use of reliable therapeutic products used in the prevention of dental disease. In the identification of such products, the Association takes into consideration evaluations of the Health Protection Branch of the Department of National Health & Welfare, the C.D.A. Council on Dental Therapeutics and the Council on Dental Therapeutics of the American Dental Association. Therapeutic claims are usually recognized for three years. Recognition is renewable and may be reconsidered at any time if:

- a) the safety or efficacy of the product is called into question by the Health Protection Branch or other recognized scientific body;
- b) the Association's published guidelines are breached;
- c) ownership of the product changes;
- d) the composition of the product changes without first having been submitted to and approved by the Association.

At the present time, the Council on Therapeutics of the C.D.A. does not consider evaluation on:

- 1) Drugs used in the diagnosis and treatment of dental disease.
- 2) Mouthwashes or dentifrices which do not claim therapeutic value.

Following are the general provisions for the recognition of therapeutic products:

1) Composition

a) Required Information

A quantitative statement of composition, including excipients, shall be provided to the Council. Adequate information on the properties, actions, dosage, usefulness and safety of all ingredients shall also be provided.

b) Change in Composition

The firm shall agree to notify the Association of any change in composition of a recognized product before the modified product is marketed. Changes if any in the therapeutic capability of the product must be identified; evidence relating to stability, toxicity and efficacy shall be submitted for continued recognition.

c) Manufacturing Standards:

The firm shall provide evidence that the manufacturing and laboratory control facilities are under the supervision of qualified personnel and are adequate to assure purity and uniformity of products and accuracy of labelling.

d) Standards or Specifications:

Ingredients shall conform to appropriate Federal Government's standards or specifications as administered by the Department of National Health and Welfare.

2) Namesa) Established or Generic Names

The selection and use of established or generic names must conform to the Proposed International Nonproprietary Names, Approved Names of the British Pharmacopoeia Commission or Nonproprietary Names recognized by the National Formulary or US Pharmacopoeia.

b) Trade Names

Proprietary names are acceptable, provided they meet certain professional standards:

1) Misleading Names

Names which are misleading or which suggest diseases or symptoms are not acceptable.

2) Numbers or Initials in Names

The product name shall not include initials or numbers except when deemed necessary to designate the concentration or amount of active ingredients.

3) Titles in Names

Titles such as "Doctor" or "Dentist" or the designation "D.D.S." or "D.M.D." shall not be included in the name of the product.

3) Evidence of Usefulness and Safetya) Submission of Evidence:

Evidence pertaining to properties, actions, dosage usefulness and safety shall be submitted by the firm.

b) Nature of Evidence:

The firm shall provide objective data from critical clinical and laboratory studies or such other sources as may be deemed appropriate. Extended clinical experience must be utilized, in part, as a basis for evaluation of the product. Details of the scientific evidence required for recognition of a therapeutic product are appended.

4) Government Regulations:

Therapeutic products shall conform to applicable Canadian laws and governmental regulations.

5) Fee:

A fee of \$2,000.00 must accompany each application.

Fluoride Anti-Caries Agents

The C.D.A. reserves the right to place any submission of fluoride anti-caries agents in any of the categories below.

1) New Product with New Therapeutic Agent requires:

- a) Lab studies on animals to measure toxicity.
- b) Lab studies to measure fluoride stability and availability.
- c) Clinical trials on caries:
 - minimum 3 trials, each trial being of a minimum of 24 months.

2) New Product with Established Therapeutic Agent requires:

- a) Lab studies on animals to measure toxicity.
- b) Lab studies to measure fluoride stability and availability.
- c) Clinical trials on caries:
 - minimum 1 clinical trial of minimum 24 months.

3) Recognized Product with Same Therapeutic Agent Incorporating a Minor Formulation Change requires:

- a) Lab studies to measure fluoride stability and availability .

NOTE: Clinical trial design should comply with F.D.I. or W.H.O. regulations.

THIS AGREEMENT entered into the day of , 1977.

BETWEEN:

(hereinafter referred to as "the Applicant")

OF THE FIRST PART

AND

CANADIAN DENTAL ASSOCIATION

(hereinafter referred to as "CDA")

OF THE SECOND PART

- WHEREAS: (A) the CDA is an organization devoted to the improvement of the Dental Health of the Canadian Public,
- (B) the CDA, in order to give authoritative guidance to the Canadian Public, has adopted a policy of granting its endorsement to products which in its opinion contribute to Dental Health,
- (C) the Applicant manufactures and sells" "
(hereinafter referred to as "the Product"), intended to contribute to Dental Health and for which the Applicant desires the CDA's endorsement.

Section A

The Applicant, having read the CDA Guidelines for Applications for Endorsement, a copy of which is attached hereto as Schedule A, hereby:

- (1) applies for the CDA's endorsement of the Product in the following form: "
- (2) states that the Product is a "
 - (a) intended to be used as follows: "
 - (b) intended to have the following effect: "

- (c) which is composed of ingredients defined in Schedule B, of the kinds and qualities specified in Schedule C, and which ingredients conform to Federal government standards and specifications as administered by the Department of National Health and Welfare,
- and (d) which is produced as described in Schedule D.
- (3) states that the Product is to be known commercially as "
- (4) submits samples of the Product as enumerated in Schedule E.
- (5) submits the prescribed application fee of \$2,000.
- (6) submits supporting material as required by the CDA Guidelines for Applications for Endorsement, as enumerated in Schedule F and which to the best of its knowledge and belief is accurate and complete.
- (7) submits further material enumerated in Schedule G which to the best of its knowledge and belief constitutes the only further or other material, studies, or evidence relevant to the Product or its component ingredients.

Section B

NOW THEREFORE THIS AGREEMENT WITNESSETH that in consideration of the sum of \$1.00 each to the other paid and other good and valuable consideration, receipt of which is hereby acknowledged, and of the mutual covenants herein recited, it is agreed by and between the parties hereto as follows:

Part I

- 1. (a) CDA shall consider the application for the CDA's endorsement of the Product in the form specified in Section A clause (1).
- (b) The CDA by itself, its employees, agents or consultants shall conduct such examinations and studies of the Product, its component ingredients and supporting material submitted as it considers necessary to justify the grant of the said endorsement and in so doing will, inter alia, generally follow its published guidelines for Applications for Endorsement attached hereto as Schedule A.

- (c) The CDA by itself, its employees, agents or consultants, may inspect and examine the Applicant's production facilities and procedures and may take samples of the Product and its component ingredients.
- (d) The Applicant shall pay the CDA for the expenses of such tests, inspection and examination referred to in (a) and (b) above, provided that if the expense of such tests should be estimated to exceed \$ such tests shall not be taken without consultation with and the approval of the Applicant. Said expense shall include the Applicant's share of administrative and other overhead as determined by the CDA.
- (e) The CDA shall:
 - (i) if in its sole and unfettered opinion, said endorsement is justified, grant said endorsement,
 - (ii) if in its sole and unfettered opinion, said endorsement is not justified, refuse said endorsement.
- (f) The grant of an endorsement under this Part shall be effective upon the issue of a certificate in Form 1 as set out in Schedule H and such endorsement (or any modification or renewal thereof):
 - (i) is subject to this agreement
 - (ii) is non-exclusive;
 - (iii) is non-assignable;
 - (iv) is only for use in Canada; and
 - (v) confers no proprietary rights

Part II

2. Parts III and IX inclusive come into effect and are binding upon the Grant by the CDA of its endorsement under Part I and continue effective and binding upon any renewal or modification thereof.

Part III

3. (a) The endorsement granted under Part I shall be for a term of _____ only, such term commencing upon the date of the issue of the certificate in Form 1 and ending at midnight on the _____ anniversary thereof unless renewed, modified, or revoked.
- (b) Upon the term ending the Applicant shall immediately cease to use that endorsement.
- (c) "Cease to use the endorsement" in this Agreement
- (i) in respect of the packaging of the Product means:
 - (I) not placing the endorsement on any packages not yet in production;
 - (II) ceasing to place the endorsement on packages currently in production;
 - (III) removal of the endorsement from packages currently in production and packages already produced but not yet sold;
 - (IV) removal of the endorsement from packages already produced and sold but not yet delivered if delivery is not required within _____ days;
 - (ii) in respect of the advertising or other promotion of the Product means:
 - (I) on television and radio: not using the endorsement in advertisements not yet produced; and deletion of the endorsement from advertisements already produced;
 - (II) in other forms: not using the endorsement in advertisements not yet contracted for; and deletion of the endorsement from material currently in production except magazines and newspapers currently at press.

Part IV

4. The Applicant shall allow the CDA by its agents, employees and consultants to enter its place of business during working hours to inspect the production of the product and obtain samples for testing.
5. The Applicant shall provide samples of the Product and its component ingredients to the CDA on demand.
6. The Applicant shall supply the CDA with any further or other lists, studies, data or any other material of relevance concerning the Product which it develops or obtains without delay and shall notify the CDA of such other relevant material of which it otherwise learns.

Part V

7. (a) The endorsement granted under Part I (or any modification or renewal thereof) is for use in the packaging, advertising and promotion of the Product and not otherwise without the express written consent of the CDA.
- (b) The Applicant's packaging, advertising and promotional material shall:
 - (i) be submitted to the CDA in advance of its use for the CDA's study; and
 - (ii) not be used unless and until the CDA grants its written approval.
- (c) In all respects the Applicant's packaging, advertising and promotional material shall comply with the CDA's Guidelines on Consumer Advertising and Promotional Material attached hereto as Schedule I and when such Guidelines are altered hereafter shall comply with all alterations as notified to the Applicant by CDA.
- (d) The Applicant shall pay the CDA for the expense of such studies referred to in (b) above, provided that if the expense of any single study should be estimated to exceed \$ such study shall not be taken without the approval of the Applicant. Said expense shall include the Applicant's share of administration and other overhead as determined by the CDA.

Part VI - RENEWAL

8. (a) Within _____ months of the end of the term specified in Part III, the Applicant may apply for renewal of the endorsement for a further term of the endorsement granted under Part I.
- (b) Such applications shall be in Form 2 as set out in schedule H accompanied by such supporting material as is specified in the CDA guidelines for Applications for Renewal, a copy of which is attached hereto as Schedule J.
- (c) The CDA shall consider and deal with all such applications as provided in Part I (*mutatis mutandis*).
- (d) The Application for Renewal shall be accompanied by the fee prescribed by the CDA Guidelines for Applications for Renewal.
- (e) Any renewal granted under this Part shall be effective upon the issue of a certificate in Form 3 as set out in Schedule H and shall be for a term of _____ years, or such lesser term as may be therein stated.

Part VII

9. (a) The endorsement of the Product granted under Part I (or any renewal or modification thereof) may be reconsidered and modified or revoked by the CDA at any time if:
- (i) the safety or efficacy of the Product is called into question by the Health Protection Branch of the Department of National Health and Welfare or other recognized scientific body;
- (ii) there has been any material misrepresentation or mis-statement in Section A;
- (iii) the Applicant breaches any of the provisions of this Agreement;

- (iv) the Applicant sells all or any part of its interest in the Product without the prior notification to and written approval of the CDA;
 - (v) there is any material alteration in the Product as defined in Section A, and in particular its use, composition, ingredients and production - without the prior notification to and written approval of the CDA;
 - (vi) the Product should fail to conform to Federal government standards as specified in Section A.
- (b) Notwithstanding the foregoing, the endorsement of the Product granted under Part I (or any renewal or modification thereof) may be revoked by the CDA at any time if in its sole and unfettered discretion the CDA considers it desirable to do so.
10. Any modification of the CDA's endorsement shall be effective upon the issue of a further certificate in Form 1.
 11. Upon notification by the CDA of the issue of a further certificate in Form 1:
 - (a) The Applicant shall immediately cease to use the original form of endorsement.
 - (b) the Applicant may use the endorsement as modified.
 12. When an endorsement or a renewed endorsement has been modified pursuant to this Part its term remains the term defined by Part III or Part VI respectively.
 13. Revocation of the CDA's endorsement (or any renewal or modification thereof) shall be effective upon written notification thereof by CDA to the Applicant and thereupon the Applicant shall immediately cease use of CDA's endorsement.

Part VIII

14. The Applicant shall indemnify and hold CDA harmless from any and all claims and demands, liabilities, actions, suits and proceedings (including legal fees and disbursements on a solicitor and client basis) however and by whomsoever brought in any way arising, by reason of any act or omission whatsoever on the part of CDA its officers, servants, agents and consultants in implementing this Agreement.
15. (a) The Applicant shall maintain, at its expense insurance in respect of any and all liability arising in connection with the Product.

(b) Such insurance shall be in an amount of not less than \$ _____ for each separate claim and shall name and insure both the Applicant and CDA as their respective interests may appear.
16. The Applicant hereby waives all claims against CDA, its officers, servants, agents and consultants for any act or omission whatsoever in implementing this Agreement.
17. The Agreement shall be interpreted according to the laws of the Province of Ontario and the Parties agree that the Courts of Ontario shall have jurisdiction in respect of any matter arising by reason of this Agreement.

Part IX - NOTICES

18. Notice by either party to the other hereunder shall be in writing and shall be delivered or sent by registered mail to

(a) the Applicant at _____

(b) CDA at _____

or such other address as either party may hereafter designate by written notice to the other.

IN WITNESS WHEREOF, the parties hereto have caused
this instrument to be executed by their duly authorized
representatives under their respective corporate seals.

SIGNED, SEALED and)
DELIVERED in the)
presence of)
)
)
)
)

SIGNED, SEALED and)
DELIVERED in the)
presence of)
)
)
)
)

SCHEDULE A

"CDA Guidelines for Applications
for Endorsement"

[Here the CDA would provide, in reasonable detail, the kinds of information the Applicant should supply in order to complete clauses (1), (2) and (3) of Section A, and the sorts of supporting material the Applicant should submit under clauses (6) and (7) of Section A.

For example:

For clause (1): the CDA could state what general forms of endorsement it is prepared to give - "the product has been tested and found effective," "the product is recognized effective," "this product has the CDA seal of approval " "this product has exceptional therapeutic value..." etc;

For clauses (2) and (3): the CDA could state the sorts of requirements suggested by the paper titled "Provisions for the Acceptance of Therapeutic Products Used in the Prevention of Dental Disease by the CDA." (Dec. 1976, Exec. C. Resource 6).]

SCHEDULE BIngredients of the Product

- (1) (chemical name)
- (2) (chemical name)
- (3) (chemical name)

SCHEDULE C

<u>Ingredient</u>	<u>Kind</u>	<u>Quantity</u>
(1)		
(2)		
(3)		

SCHEDULE D

(State production process)

SCHEDULE E

	Product (Variety)	Quantity	Date Produced	Where Produced
(1)	The Product (mint flavor)	5 tubes of 100 ml.	Feb. 1, 1977	Toronto plant
(2)	The Product (plain flavor)	5 tubes of 100 ml.	Feb. 2, 1977	Ottawa plant

SCHEDULE F

(Here Applicant would set out a list of supporting clinical material which he is submitting, eg.: (1) Study by Dr. Smith of U. of Toronto entitled "The Effect of Ingredient X on Caries" dated Dec. 1, 1976.

(2) Study by ABC Labs of Boston dated Nov. 15, 1973

(3) Report of the Jones Committee of the ADA, etc.)

SCHEDULE G

(Here Applicant would set out all other relevant material but which it does not rely on as support for its application. This way if there are other studies which may be less favourable the Applicant is obliged to state them.)

SCHEDULE HFORM 1

Issued this _____ day of _____. The
CDA hereby grants to _____
the right to use its endorsement of the product _____
in the following form: _____

This grant of endorsement is issued under and is subject
to the Agreement between _____
and the CDA entered into the _____ day
of _____.

FORM 2

(Here the CDA sets out the form of the application
for renewal which presumably would be substantially the same
as the original Application set out in Section A (clauses (1)
to (7))

FORM 3

Issued this _____ day of _____. The
CDA hereby grants to _____
a renewal for a term of _____
commencing immediately and ending _____
the right to use its endorsement of the product _____
in the following form: _____

This grant of renewal of endorsement is issued under and is
subject to the Agreement between _____
and the CDA entered into the _____
day of _____.

SCHEDULE I

"CDA Guidelines on Consumer Advertising
and Promotional Material"

[Here the CDA would provide the details of its
rules for advertising.]

The CDA could state the sorts of requirements suggested in the paper entitled "Recommendations to the CDA Board of Governors by the Subcommittee on Product Acceptance Canadian Dental Association Seal of Recognition" (pages 3 to 5 incl. and pages 7 to 9 incl.).]

SCHEDULE J

(Similar to Schedule A but as it is for renewal only mainly concerned with new information and changes in the Product, its uses, etc.)

A N N U A L M E E T I N G
B O A R D O F G O V E R N O R S
C A N A D I A N D E N T A L A S S O C I A T I O N

OTTAWA, ONTARIO
SEPTEMBER 29 - 30
1977

AGENDA

Friday, September 30

9.00 a.m. - 9.15 a.m.	Election
9.15 a.m. - 10.30 a.m.	Finance Report
10.30 a.m. - 10.45 a.m.	Coffee Break
10.45 a.m. - 11.15 a.m.	Education
11.15 a.m. - 11.45 a.m.	Legislation
11.45 a.m. - 12.30 p.m.	C.F.D.E.
12.30 p.m. - 2.00 p.m.	LUNCH
2.00 p.m. - 2.30 p.m.	Reports of Sections
	Oral Pathology
	Oral Surgeons
	Orthodontics
	Paedodontics
2.30 p.m. - 2.45 p.m.	R.C.D.C.
2.45 p.m.	Meeting of Voting Members
	Election Results
	Unfinished Business
	Adjournment

AGENDA

A G E N D A
BOARD OF GOVERNORS' MEETING
SEPTEMBER 29-30, 1977
INN OF THE PROVINCES, OTTAWA

Thursday, September 29

9:00 a.m.	Call to Order Invocation Official Call of Meeting Roll Call Adoption of Agenda Minutes of Last Meeting Necrology President's Report
9:30 a.m. - 10:45 a.m.	Executive Council Report
10:45 a.m. - 11:00 a.m.	Coffee Break
11:00 a.m. - 11:30 a.m.	C.D.S.P.I.
11:30 a.m. - 12:00 noon	Report of Nominations Council Nominations to Council on Nominations
12:00 noon - 12:30 p.m.	N.D.E.B.
12:30 p.m. - 2:00 p.m.	LUNCH
2:00 p.m. - 2:30 p.m.	Constitution & By-Laws
2:30 p.m. - 3:30 p.m.	Dental Materials
3:30 p.m. - 3:45 p.m.	Coffee Break
3:45 p.m. - 4:30 p.m.	Information Services
4:30 p.m. - 5:00 p.m.	Health Care

BOARD OF GOVERNORS
CANADIAN DENTAL ASSOCIATION
ANNUAL MEETING
SEPTEMBER 29, 30, 1977
OTTAWA

M I N U T E S

CALL OF THE MEETING:

The meeting was called to order at 9.25 a.m. on September 29, 1977.

INVOCATION:

The invocation was given by Rev. Black of Parkdale United Church.

ADOPTION OF AGENDA:

RESOLVED:

That the agenda be adopted as circulated.

ADOPTED

MINUTES OF THE INTERIM BOARD MEETING
MARCH 9, 10, 1977:

RESOLVED:

*That the minutes of the Interim Board Meeting be
accepted as circulated.*

ADOPTED

PRESIDENT

Mr. Chairman
Members of the Board of Governors

It is my pleasure to report to you on the past year as your President. Because of the F.D.I., I shall retain this post for another 30 days or so. In March at the Board meeting, I presented my report and having looked at that report, one can see where we have arrived at to date. Various issues highlighted in that report have been resolved while others are still before us.

The past year has been a busy one for Nancy and me. Visits to corporate members have ranged from a sing-song in the wee hours of the morning at the annual meeting of the Newfoundland Dental Association in Cornerbrook in October, to a sailing trip off Vancouver Island following the British Columbia College meeting in Victoria in April.

Your national organization has been faced with a number of contentious issues which will be before you in the next two days. It is my feeling that C.D.A. has turned the corner in many areas and with your assistance and co-operation, our national organization, the Canadian Dental Association, will continue to be an effective and viable force and voice for the betterment of the profession in Canada.

Some of the issues I would like to discuss in my report will be discussed in the report of the Executive Council or reports of other councils, however, I should like to highlight some of them.

One of the topics which concerns most of the dentists of Canada is insurance. C.D.S.P.I. has been engaged in a long term study of all insurance programs, which has culminated in re-tendering and awarding of programs to various carriers. You will be hearing more about the insurance packages when the C.D.S.P.I. report is presented, but it is my feeling that the premiums to be charged for the coverage being offered the dental profession in Canada will be a pleasant surprise. We certainly do owe a vote of thanks to the members of C.D.S.P.I. who have spent many, many days working on our behalf over a period of several years on a very complex subject.

Voluntary membership in the two major provinces continues to remain healthy. The very great increase in membership from the province of Quebec is indeed gratifying. This increase has been brought about by a combined effort on the part of C.D.A. and the Q.D.S.A. and the strong support of Clyde Covit and Claude Chicoine. We are pleased by the increase but we at C.D.A. must realize that we can only continue to have a healthy voluntary membership only as long as we know of and are able to provide the kinds of services that our members require. We must be most responsive to their needs.

PRESIDENT

Many of you were present at the official opening of our building here last March. It was a very proud moment for me. The entire ceremony went off without a hitch and our staff are to be commended for their efforts during those days in March. Our staff people managed to prepare for the board meeting, the official opening of the building and another meeting immediately after with our counterparts from the American Dental Association. Each function and meeting ran very smoothly in what I have referred to as a very successful triple-header.

As a result of a motion made at the March board meeting, a Conference on Accreditation was held in April. Representatives from licensing bodies, A.C.F.D., corporate members and C.D.A. were present and a report on the conference has been distributed. The question of funding of accreditation along with a possible division of the Council on Education to lessen its workload were considered and these issues are still before us.

You also have before you reports on the CDA/CFDE ad hoc committee, where most of our differences appear to be resolved to the satisfaction of both parties and we owe Carl Dexter a vote of thanks for chairing this committee. Recommendations from this ad hoc group are before you for your deliberations.

The executive of the National Dental Examining Board met with your Executive Council in May. It was a good meeting, different issues were discussed and the meeting served to clear the air somewhat. Some suggestions for improving our relationships were approved.

Our financial picture continues to improve. We have had sizeable surpluses during the past two years and hopefully will have for 1977 as well. This has been achieved by the restraints imposed on most councils some time ago. As you are aware, with a voluntary membership situation in the two major provinces, we had to cut back until we had some idea of the revenue to be received from Ontario and Quebec. Both provinces have now had two or three years of experience and we are in a better position to know what our revenues will be. We certainly do envisage additional expenditures with the Houston Group at \$30,000 for one year and a new accreditation co-ordinator at a salary of \$40,000 being two good examples. Our revenue from rented space to outside organizations is in the order of \$51,000 or \$52,000 and it certainly is nice to see that vacant space begin to fill up.

One month from today, the F.D.I. meeting will be just about over and we will either breathe a huge sigh of relief or have a big celebration or both. It has taken a lot of planning, advance registrations are near the 1,800 figure and we are hoping that between 3,000 and 4,000 will eventually register. Dr. Bill McIntosh will be reporting in more detail to you later, however, I may say that he is and has been doing an excellent job for us. After some initial difficulties with personnel and the convention management outfit (Interface) the entire organizing committee has been operating extremely well under Bill's leadership. Bill has been nominated by C.D.A. for the Presidency of F.D.I. and we hope he is successful in this area.

PRESIDENT

A personal point that has concerned me for some time has been the matter of Presidential visitations. I am not referring to the numbers of them, but rather the method of hosting the President and/or Executive Director with a view to achieving the maximum benefit from the visit from a public relations point of view. Some years ago, some guidelines were developed by C.D.A. for the hosting of invited V.I.P.'s to C.D.A. meetings. It is my feeling that similar guidelines should be determined for Presidential visitations. These should be circulated to corporate members and local societies to suggest to them that perhaps it would be appropriate to have a photographer take a picture for a newspaper, perhaps to arrange interviews with media people and so on. I'm moving off the Presidential scene but I do feel that the dentist in North Overshoe who sees that the leader of his national organization was visiting close by might perhaps feel a sense of pride or more of a feeling of belonging to that organization. It is my thought that these guidelines could be developed by the Management Committee in co-operation with the Houston Group. The main purpose of so doing is to zero in on the maximum potential usage of the President from a public relations point of view. I don't wish to be critical of anyone in this regard as many groups that I have visited have been superb with their local arrangements.

As a result of a motion from Executive Council, a Taxation Committee has been established under the chairmanship of Bob Hicks. This is an area of concern by almost all members of the dental profession wherever I have travelled. The deductibility of travel and lodging expenses for continuing education courses is still not permitted but it is a subject that many members feel very strongly about.

You will have noticed from your board book that a Director of Student Affairs has been appointed. Linda Teteruck has that job and has been carrying out that kind of liaison with the students for years without having the title. I am told she is very happy about this appointment, and we are pleased with the way student membership has grown in recent years.

Some time ago, a new chain of office for the President was approved and as you can see, was ready in time for this meeting. It is a beautiful chain and one should be proud to wear it, unlike the previous chain of office that most Presidents tried to keep hidden during their year in office. I hope that I shall be wearing it as this report is presented to you.

The C.D.A. Journal which has become self-supporting in recent years is about to undergo a change. As a result of a motion passed at the March meeting, it is no longer to be sent out to those members who are not members of C.D.A. in Ontario. It is my personal feeling that this motion may have been acted upon without the full knowledge of what the consequences might be. The rationale of not sending it to non-members appears to be correct, however, the potential subsidization to cover loss of revenue is a very important point. The Journal may have to be subsidized to the tune of \$40,000 to \$50,000 a year. It is my hope that this could be looked at again to see if there is a less costly solution.

PRESIDENT

These then, are the main points that I wanted to bring to your attention. There are others but I'm sure that they, along with many of the points I have mentioned, are all to be found in your board book.

Before concluding, I would like to thank our Council chairmen for their leadership of councils during the past year. They do their jobs well, receive no remuneration other than expenses and from time to time, have to take a fair amount of flak, so I say "Thank you, council chairmen, for your service to C.D.A. in that capacity".

I would also like to thank the C.D.A. staff for their assistance and the Executive Council for their co-operation. To President-Elect Don Rife, my thanks as well, on at least two occasions I have asked Don to replace me at a dental meeting and he has accepted without a moment's hesitation. This kind of co-operation is much appreciated.

As I indicated at the start of this report, this has been an interesting year for me. It has provided me with a unique opportunity to visit many parts of Canada where I had not been before and to meet many members of the dental profession that I had not met before. My only negative thoughts on my travels would be the inability to remain for a few days more in a particular location, due to other commitments or the necessity of doing a little orthodontics back home.

I had hoped to be able to report to you that I had attended the annual meetings of every corporate member but I missed out on both Ontario and Saskatchewan.

The experience of serving as your President has been most gratifying. I consider it an honour to have been your President during the past year and I pledge my whole-hearted support to my successor, Don.

Attached is a resume of my travels during the past year.

PRESIDENT

September 25-30, 1976	Athens	F.D.I.
October 15, 16	Cornerbrook	Newfoundland Dental Association
October 23,24	Ottawa	Executive Council
October 28	Toronto	Meeting with O.D.A. re Anti-Combines Legislation
October 29	London	London and District Dental Society
November 3,4	Toronto	Meeting re F.D.I.
November 15, 16, 17	Las Vegas	A.D.A. Meeting
November 18	Montreal	Dental Club Fall Clinic
November 19, 20, 21	Winnipeg	Western Canada Dental Executives
November 26, 27	Toronto	O.D.A. Board Meeting
December 17, 18	Ottawa	Executive Council
January 22, 1977	Moncton	Atlantic Provinces Executive Meeting
January 23, 24	Ottawa	Executive Council
February 2	Saskatoon	Meeting with Saskatchewan Council
February 3, 4, 5	Winnipeg	Manitoba Dental Association
February 11	Montreal	Joint Meeting Executives A.D.Q. and Order of Dentists
February 18, 19	Ottawa	Executive Council
February 21	Ottawa	Ottawa Dental Society
March 9, 10	Ottawa	Official Opening - C.D.A. Building
March 11, 12	Ottawa	Meeting with American Dental Association
March 16	Sudbury	Sudbury & District Dental Society
March 17	Thunder Bay	Thunder Bay Dental Society

PRESIDENT

March 24	Ottawa	Management Committee
March 25,26	Ottawa	Executive Council
April 16	Charlottetown	P.E.I. Annual Meeting
April 17, 18	Ottawa	Conference on Accreditation
April 19	Montreal	Societe Dentaire de Montreal
April 21, 22, 23	Victoria	B.C. Meeting
May 12, 13	Edmonton	Western Canada Executives
May 14, 15, 16	Ottawa	Management & Executive Council
May 17-20	Montreal	Journees Dentaires
June 17	Halifax	Nova Scotia Dental Association Annual Meeting
June 18, 19	Toronto	C.D.S.P.I.
June 20, 21	Quebec City	Canadian Medical Association
July 2-6	Banff	Western Canada Dental Convention
August 6-9	Ottawa	Management & Executive Council
August 26,27	Toronto	C.D.S.P.I.
September 9, 10	St. John's	Atlantic Provinces Executives
September 23, 24	Bathurst, N.B.	New Brunswick Dental Society Annual Meeting
September 28	Ottawa	Management, C.D.A.
September 29,30	Ottawa	Board of Governors

RESOLVED:

That the report of the President be adopted

ADOPTED

EXECUTIVE COUNCIL
REPORT TO THE BOARD OF GOVERNORS

SEPTEMBER, 1977

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EXECUTIVE COUNCIL
REPORT TO THE BOARD OF GOVERNORS

SEPTEMBER, 1977

I N D E X

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EXECUTIVE

MEMBERS: M.J. Crompton, Moncton, Chairman; C. Covit, Montreal
C.E. Dexter, Halifax; R.A. Gray, Medicine Hat;
R.L. Moran, Toronto; H.L. Mussells, Montreal;
D.L. Rife, Toronto.

Executive Council has met twice since the Interim Board meeting -
May 15 and 16 and August 7 to 9 inclusive.

1. LIFE MEMBERSHIP - CDA:

Executive Council recommends the following action be taken:

RESOLVED:

That life members shall consist of those dentists, who after forty years of service to the profession, or, having attained the age of sixty-five years, and who are presently members of the Canadian Dental Association, whose applications for life membership have been approved by the Executive Council.

ADOPTED

2. DISPOSITION OF PREVIOUS CHAIN OF OFFICE:

RESOLVED: *That the previous chain of office be mounted, framed and placed in the archives.*

ADOPTED

3. HOUSTON GROUP - PUBLIC RELATIONS PROPOSAL:

APPENDIX I

Executive Council has retained the Houston Group to advise CDA on bringing dentistry into focus with the news media and through the media, with the various levels of government and the public.

RESOLVED:

That the Houston Group be retained as Public Relations Consultants by CDA for a period of one year and that their proposal be accepted as presented.

DEFEATED

The following substitute motion was then presented:

RESOLVED:

That a public relations firm be engaged as public relations consultants to CDA.

ADOPTED

EXECUTIVE

DENTAL EDUCATION REGISTER AND APPLICANTS & APPLICATIONS:

RESOLVED

That the two above-mentioned publications be referred to the Council on Information Services for review.

ADOPTED

EXECUTIVE COUNCIL COMPOSITION:

APPENDIX 2

As directed by the Interim Board, a meeting of representatives of corporate members met in Ottawa on April 18, 1977 to debate a report on the composition of Executive Council prepared by an Ad Hoc Committee under the chairmanship of Dr. R.N. Hicks.

RESOLVED:

*That the minutes of the meeting on the Composition of Executive Council be approved and that the full report be presented to the Board at the September meeting.**

ADOPTED

RESOLVED

That this matter be deferred until the report of the Council on Constitution & By-Laws is considered.

ADOPTED

The minutes of the meeting and Dr. Hicks' report on the implementation of Changes to the composition of Executive Council are attached as Appendix 2.

**(Dr. Gray opposed, Dr. Rife abstained as Chairman of the April 18 meeting).*

COUNCIL ON EDUCATION:

(a) Accreditation Conference:

Executive Council recommended the following actions following study of the proposals emanating from the Accreditation Conference held in Ottawa on April 17 and 18, 1977.

RESOLVED

That a Director of Accreditation be hired at a salary in the vicinity of \$40,000.

ADOPTED

RESOLVED

*(amendment to the above motion)
When funds become available and agreements with the funding bodies are concluded.*

DEFEATED

EXECUTIVE

RESOLVED that:

- (a) *licensing bodies be asked to pay an additional \$3.00 per licensed dentist for purposes of accreditation. (Drs. Covit & Silver abstained)*
- (b) *educational institutions requesting accreditation be assessed a fee.*
- (c) *N.D.E.B. funds be accepted for 1977.*
- (d) *the Minister of National Health & Welfare be requested to provide a grant for purposes of accreditation.*
- (e) *the C.D.H.A. and C.D.N.A.A. be requested to grant funds.*

ADOPTED

RESOLVED:

That items (b) to (e) inclusive be referred to the Grants Committee.

ADOPTED

RESOLVED

That the Survey Policy Committee amend their guidelines to include the career options system.

DEFEATED

The following motion was substituted:

RESOLVED

That the Survey Policy Committee amend their guidelines to include a career options system.

ADOPTED

(b) Ad Hoc Committee:

RESOLVED

That an Ad Hoc Committee with representation from Executive Council and the Council on Education be formulated to look into the restructuring of the Council on Education and that Dr. Carl Dexter be appointed Chairman.

ADOPTED

(c) Appointment of Interim Survey Co-ordinator:

A meeting was held at C.D.A. Headquarters on Tuesday, August 2nd, 1977 between Mr. L.A. Stevenson, Executive Director C.D.A., Dr. J. McLean, Chairman of the Survey Policy Committee, Dr. M.A. Rogers, retiring Survey Co-ordinator, and Dr. K. Baird of London, Ontario.

EXECUTIVE

Following a telephone discussion with the President, it was agreed that Dr. Baird would be hired as Survey Co-ordinator on an interim basis, and would be compensated on a fee-per-survey basis.

RESOLVED

That the Board ratifies the President's action in appointing Dr. Baird as Interim Survey Co-ordinator.

ADOPTED

RESOLVED

That all survey teams acting on behalf of the Canadian Dental Association operate under the direct supervision of a licensed dentist.

ADOPTED

TAXATION COMMITTEE:

RESOLVED

That an ad hoc Committee on Taxation be formed with Dr. Hicks as Chairman and that Mr. John Gillies be appointed as one member.

and

That Dr. Hicks be requested to submit terms of reference and his suggestions for any additional members.

ADOPTED

At the August meeting of Executive Council, it was recommended that Dr. C. Covit and Mr. G. Watts be appointed as members of the Ad Hoc Committee on Taxation.

MEMBERSHIP:

Council notes with pleasure the increase in voluntary memberships in the provinces of Ontario and Quebec as follows:

	<u>1976</u>	<u>1977</u>
Ontario	2,489	2,586
Quebec	786	1,406

and wishes to congratulate Dr. Covit and his colleagues for the tremendous effort put forward in almost doubling membership in the Province of Quebec in the past year.

EXECUTIVE

Membership Committee

RESOLVED

That a membership committee be established with the Past President as Chairman, along with corporate members from Ontario and Quebec and one other member from the rest of Canada, four members total (including the Chairman) and that the program be co-ordinated with the Houston Group.

DEFEATED

The following amended motion was then proposed:

RESOLVED

That a membership committee be established with the Past President as Chairman, along with corporate members from Ontario & Quebec and one other member from the rest of Canada, four members total (including the Chairman) and that the program be co-ordinated with a public relations firm.

ADOPTED

Terms of Reference were subsequently drafted by Dr. Carl Dexter and these are attached as Appendix 3.

APPENDIX 3

9. C.D.S.P.I.

APPENDIX 4

Six different companies were approached to prepare a tender for the administrative package.

RESOLVED

That Charles A. Kench & Associates Ltd. be appointed to prepare a tender for the administrative package.

ADOPTED

Mr. Robert Absey, Senior Vice-President of Charles A. Kench, outlined the program structure and the contents of the proposed revised insurance program.

The following motion emanated from the special Executive Council meeting held in Toronto on June 20, 1977:

RESOLVED

That Executive Council approve the amended specifications of the C.D.S.P.I./C.D.A. Interim Council on Insurance.

ADOPTED

Concern was expressed regarding dentists who fall into the categories of 'high risk' or 'non-insurable'. Dr. Moran assured Council that coverage for such cases would be readily available at extra premium.

Dr. Moran provided a verbal activity report to the Board.

EXECUTIVE

In view of the innovations proposed and initiated by the Interim Council on Insurance and Investment and the fact that some facets are not yet complete, the following motion was approved;

RESOLVED:

That the Board empowers the Executive Council to establish a balance fund.

ADOPTED

RESOLVED

That a vote of thanks be tendered to the CDSPI/CDA Council on Insurance and Investment and specifically to the members of the CDSPI Executive Council and the Business Manager of CDSPI.

ADOPTED

SPECIAL MEETING - EXECUTIVE COUNCIL:

A special meeting of Executive Council took place after the CDSPI/CDA Meeting on Insurance held on August 26 and 27, 1977 at the Inn on the Park, Toronto.

The following resolutions were passed and are presented for information:

(a) Life Insurance:

RESOLVED

That Imperial Life be appointed the carrier for the Life Program.

ADOPTED

(b) Long Term Disability:

RESOLVED

That Imperial Life be appointed as the carrier of the L.T.D., subject to negotiation.

ADOPTED

(c) Accidental Death and Dismemberment:

RESOLVED

That Seaboard be appointed as the carrier for Accidental Death and Dismemberment in accordance with the specifications including the loss of use and the three year guarantee.

ADOPTED

(d) Business Insurance/Liability Insurance:

RESOLVED

That the Guardian Insurance Company be the carrier for the business insurance package and the liability insurance, subject to the verification of rates.

ADOPTED

EXECUTIVE

(e) Insurance Package Availability:

That the details of the new insurance package will be available at the F.D.I.

Received as information

(f) Minutes:

That the Minutes of the CDA Executive Council concerning the CDSPI meeting on insurance held in Toronto on August 26 and 27, 1977, will be distributed at the Board of Governors' Annual Meeting.

Received as information

RESOLVED

That the Interim Council on Insurance and Investment continue for another year.

ADOPTED

10.

BILINGUAL MATERIAL:

Executive Council requested that, in future, all bilingual material requiring distribution should first be sent to the Q.D.S.A. for an accuracy check and that all Councils and Committees of the C.D.A., including C.D.S.P.I., be made aware of this.

11.

BUDGET:

RESOLVED

That the budget be accepted as presented.

ADOPTED

12.

C.D.A./C.F.D.E. AD HOC COMMITTEE:

APPENDIX 5

Dr. Dexter presented the report of the Ad Hoc Committee. Executive Council made the following comment:

RESOLVED

That the Board approves of the Ad Hoc Committee Report and recommends that the intent of the suggestions contained in the report be adopted as a basis for mutual agreement of operations between C.D.A. and C.F.D.E.

ADOPTED

RESOLVED

That a vote of thanks be given to the members of the C.D.A./C.F.D.E. Ad Hoc Committee for bringing this matter to a successful conclusion.

ADOPTED

EXECUTIVE

NOMINATIONS FOR CERTIFICATE OF MERIT:

It was recommended that this Award should be given to all living members who have served C.D.A. in any capacity over the years.

The secretariat is preparing a list of names for the next Management Committee meeting.

Received as information

CARIBBEAN CONFERENCE OF HEALTH MINISTERS:

Dr. D.E. Williams and Dr. H.L. Mussells attended the above Conference on June 28-29, 1977 as C.D.A.'s representatives.

Council was informed that the Rotary Club in St. Kitts has shown an interest in assisting in the development of a preventive care program.

RESOLVED

That Dr. Don Williams be appointed Chairman of the Caribbean Dental Program.

ADOPTED

Executive Council recorded a vote of appreciation to Dr. G. Burgman for his diligent work on behalf of the Program during his term as Chairman.

QUEEN'S SILVER JUBILEE MEDAL PROGRAM:

In response to a request from Mr. Carl Lochnan, Co-ordinator, Queen's Silver Medal Program, Council recommended the following:

RESOLVED

That fifteen senior governors be nominated to receive this Award, ensuring that there is at least one nomination from each province.

ADOPTED

Council then directed that further nominations be submitted to be eligible for the supplementary award.

ROYAL DINNER FOR YOUNG ACHIEVERS:

In response to a letter from Mr. M. Gauvin, Federal Coordinator of Royal Visits 1977, Council recommended the following nominees to attend the above dinner: Drs. Covit, Moran, Crompton, David Kenney, Chicoine, Dennis Smith, Chapple, Stoyshin, W.R. Reesor (nominee from Ottawa Dental Society) and Mr. George Watts.

ASSUMPTION OF OFFICE:

Council considered a motion approved by the Executive Council in June, 1975:

EXECUTIVE

That the officers, members of the Executive Council and other Councils elected at the 1977 Board Meeting take office immediately following the conclusion of the 1977 World Congress.

RESOLVED

That this motion be rescinded, with the President assuming office during the Installation Luncheon during the FDI Conference and all others following the Annual Board Meeting.

ADOPTED

18. STUDENT MEMBERSHIP CAMPAIGN:

Council welcomed Ms. Linda Teteruck, Director of Student Affairs, who gave a verbal presentation on the Student Membership Campaign.

Ms. Teteruck said that the Student Membership Campaign is two-fold.

Firstly, the Student Membership Promotion Package, which basically outlines the benefits of Student Membership and in Ontario, ODA/CDA Membership, will be mailed out by September 1st.

C.D.S.P.I. has submitted information in Insurance and Investment and the International Association of Dental Students has submitted information on their organization.

The second thrust of the Membership Campaign is a welcome-to-the-profession reception at the ten Canadian Schools of Dentistry. In Ontario, the reception is tri-jointly hosted by the O.D.A., R.C.D.S. and C.D.A. In the rest of Canada, the receptions are to be hosted by C.D.A. and possibly the provincial dental associations if they agree.

Each provincial association will be represented at the reception and a C.D.A. governor in each area has been invited to attend, both to address the students and to present an award to the 1976/77 student representative in recognition of his/her efforts on behalf of C.D.A. in selling memberships and in representing the school or C.D.A. at various C.D.A. or related functions.

The target date for the welcome-to-the profession receptions for those provinces west of Ontario will be the weeks of September 19 or 26 and for the provinces east of Ontario, the week of October 3.

Received as information

19. N.D.E.B.:

The following members of the N.D.E.B. Executive met with Executive Council in May to discuss matters of mutual concern:

Dr. J.M. Calvert, President, Dr. N.J. Layton, Vice-President, Dr. D.B. Proctor Past President, Dr. G. Kravis, Registrar, Dr. R. Coulombe and Dr. G.A. Freeze.

EXECUTIVE

Dr. Calvert welcomed the opportunity to meet with the Executive Council and presented N.D.E.B.'s suggestions for improved communication with C.D.A. as follows:

1. A more comprehensive annual report by the N.D.E.B. Board to the C.D.A.
2. C.D.A.'s representatives to N.D.E.B. should present a report to the C.D.A. Executive Council and subsequently to the Board following attendance at C.D.A. meetings.
3. Improved channels of communication - more liaison between the Registrar of N.D.E.B. and the Executive Director of C.D.A.
4. Regular meetings of C.D.A.'s Executive Council and the N.D.E.B. Board.

In response to a question from a member of Council, Dr. Calvert stated that the N.D.E.B. examination was necessary for a candidate who had graduated from an approved school five to ten years previously because his experience since graduation was an unknown quantity and there was no other way of evaluating his skills.

Alternative Methods of Funding:

Dr. Calvert stated that N.D.E.B. would be making earnest efforts to find alternative methods of funding. One alternative to the present method of fee for certificate would be for the provinces to assess each one of their members.

It was stated that N.D.E.B. faces a difficult financial situation in 1977 and unless something unforeseen happens, the fees will have to be raised.

Received as information

1979 CONVENTION - QUEBEC CITY:

The dates of September 9, 10 and 11 have been confirmed in view of the fact that another organization has taken up its option at the Quebec Hilton for our originally chosen dates of September 16, 17 and 18.

1980 CONVENTION - HALIFAX:

The 1980 Convention in Halifax is tentatively scheduled for July.

SPECIALTY SECTIONS - REFUND OF REGISTRATION FEES:

In the past, it has been C.D.A.'s policy to refund a portion of each specialist's registration fee for the annual Convention to the relevant specialty group.

EXECUTIVE

RESOLVED

That the President of each specialty section be advised that the C.D.A. is prepared to pay expenses for the President or designated alternate to attend the C.D.A. Annual Meeting to present a report to the Board.

ADOPTED

23. SUGGESTED MEETING WITH SPECIALTY SECTIONS:

RESOLVED

That the C.D.A. convene a meeting of the Presidents of Sections and the President of C.D.A. in conjunction with the Annual Meeting of C.D.A. 1977 to discuss and make recommendations to the Board of Governors of C.D.A. with respect to matters of mutual interest and concern.

ADOPTED

24. MEETING WITH THE RADIATION PROTECTION BUREAU:

APPENDIX 6

Dr. H.G. Poyton attended a meeting at the Radiation Protection Bureau, Department of National Health and Welfare, on May 27, 1977 as C.D.A.'s representative. The Board expressed appreciation to Dr. Poyton for representing C.D.A. so ably and recommended that the report be received as information.

25. HONORARY MEMBERSHIP:

The matter of honorary membership was discussed and it was decided to defer this subject until next year, when the corporate members will be asked to submit nominations.

26. CANADIAN CANCER SOCIETY:

APPENDIX 7

The Board received with appreciation a report on the Canadian Cancer Society's Symposium from Dr. McComb.

The report is attached as Appendix 7.

27. F.D.I.:

APPENDIX 8

RESOLVED

That Dr. W.G. McIntosh be nominated to serve as President-Elect of F.D.I.

ADOPTED

Delegates and Observers to the General Assembly Meeting:

RESOLVED

(a) *That Dr. Rife be C.D.A.'s nominee as a delegate to the F.D.I. General Assembly.*

EXECUTIVE

(b) *That Dr. Mussells be C.D.A.'s nominee as a delegate to the F.D.I. General Assembly.*

(c) *That Drs. Beagrie, Spence and Moran be appointed as observers at the F.D.I. General Assembly.*

At Presidential directive, Dr. Rife was appointed to extend a cordial welcome to delegates at the General Assembly.

ADOPTED

RESOLVED

That per diems be paid to all members of Executive Council who have been requested to represent C.D.A. at the F.D.I. Convention.

ADOPTED

Offices of the F.D.I. Falling Vacant in Toronto:

RESOLVED

That Brig. Gen. Thompson and Dr. Beagrie (present incumbents) be C.D.A.'s nominees for the vacancies in the Armed Forces Dental Services Commission and the Dental Education Commission respectively.

ADOPTED

Honorary Members - Complimentary Registration:

RESOLVED

That honorary members be granted complimentary registration at the F.D.I. Convention.

ADOPTED

28. VOTE OF APPRECIATION - DR. H.L. MUSSELLS:

RESOLVED

That the Executive Council, on behalf, of the Canadian Dental Association, express its deep appreciation to Dr. Mussells for his many years of tireless and devoted service to the Association.

ADOPTED

29. VOTE OF APPRECIATION - PRESIDENT OF C.D.A.:

RESOLVED

That the Executive Council commends the President for his excellent leadership and congenial chairmanship of the Executive Council.

ADOPTED

RESOLVED

That the report of the Executive Council be adopted.

ADOPTED

/copy:

THE HOUSTON GROUP COMMUNICATIONS LTD.

May 2, 1977

Dr. Michael J. Crompton
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Dr. Crompton:

The Houston Group has had an opportunity to review the communications activities of the Canadian Dental Association and can clearly see the need for a program which will identify the problems facing the profession and assist in developing approaches to solve them.

If the profession hopes to continue to control its own destiny in the future, we feel it is essential for the CDA to develop one strong, united voice to deal with issues on a national basis. Our recommendations are designed to help establish that voice and to reinforce the need for a strong, centralized organization.

In reviewing CDA's communications activities, we have found these factors:

- * An apparent lack of knowledge by dentists concerning present and future relationships between the profession, the two senior levels of government and the general public.
- * Rank and file dentists seem unaware of the seriousness of the problems facing the profession, which could affect their right to establish fees and the profession's right to remain self-governing.

- * The need for a national organization has been questioned.
- * The profession will be under attack from several fronts for the foreseeable future. The Association must be prepared to meet the challenge with well-documented and well thought out positions on a variety of issues.
- * Consumers are becoming more militant and more demanding of the profession. The day when professionals were placed on pedestals is long gone. Instead, consumers expect the profession to have ready answers on questions of dental health and to participate fully in public debate on such issues as the ban on saccharin.
- * There is a serious threat to professionalism: the right of dentists to set their own fees, to select their patients and exercise their judgment. This threat must be countered in an effective manner if the profession is to continue to enjoy the stature it now holds.
- * The CDA should seek a high level of co-operation between provincial associations and the national association, with each party maintaining its individual rights within its respective area. Given this degree of co-operation, the associations can provide mutual support in time of need, in dealing with issues such as the possible separation of Quebec and the effect this action would have on the profession or the possibility of denturists seeking expanded authority.

While these viewpoints may seem harsh, they are very objective. The reason that some of these situations have arisen is that the CDA has never adequately explained to its members exactly what its aims are and how the Association hopes to accomplish its goals.

The wise association, whether it be trade or professional, is one which communicates with its members on a regular basis. Keep them informed and get them involved. This not only builds membership but ensures that the members become committed to the goals of the organization because they can see that such involvement is vital for the future health of their profession.

The Challenge

With this as a brief preamble, it becomes apparent that CDA should place a high priority on improved communications to strengthen its visibility and credibility among dentists and to inform members of the seriousness of the problems facing the profession and what is being done about them.

We believe the CDA should be selective in defining its communications objectives and realistic in the number of projects it initially undertakes. In this way, results can realistically be measured against targets and expenditures and the Association will be in a better position to make a value judgment on the merit of each project.

Once the basic projects have proven successful, then the program can be expanded to deal with a wider variety of communications priorities.

The Program

We recommend that the CDA undertake a one-year communications program that addresses itself to creating wider awareness of the problems facing the profession. This should be the top priority. Once members become aware that there are urgent matters to be confronted if they are to continue to enjoy the professional stature they currently hold, they will give greater support to the Association's executive in meeting the challenges.

As a second phase, we recommend that the communications program be broadened to include the news media, government and the general public.

The Houston Group recommends that the CDA undertake the following projects:

1. The staging of regular seminars at which CDA executives would speak about the problems facing the profession. We realize that the President and Executive Director currently address provincial associations on CDA matters. What we are proposing is an expansion of that program, involving as many members of the Executive Committee as possible. We would establish a format for the presentation, assist in developing policy directions and ensure that the problems and the possible solutions are clearly stated so that no matter where the presentation is given, the contents are consistent. The presentation would be developed in both of Canada's official languages.

2. Conducting a survey to determine the level of awareness among dentists of existing problems. We believe that the CDA would benefit by undertaking a measurable program to determine the awareness level within the profession. The questionnaire would contain basic queries such as "what do you see as the problems facing dentistry today?" Once the results were tabulated and evaluated, they would provide the Executive Committee and Board of Governors with a guide for future planning.
3. The production and distribution of a regular newsletter to define the problems facing the profession and the action being taken by CDA. Regular newsletters would keep members informed of new developments and demonstrate the level of activity of the Association. We envisage issues that will merit discussion in detail including A.I.B. regulations, Combines Act regulations, the Competition Act, fee guide questions, continuing education, insurance and public perceptions of the profession.
4. Sponsoring a joint meeting with other professional associations on common problems. This initiative would position the CDA as a leader among the professions in coming to grips with current problems and establishing a common approach to Government. A joint approach from all professions would obviously carry more weight than a brief from a single profession.
5. Developing the capacity to respond to issues on a public basis. The Houston Group believes that the CDA should develop the capacity to respond to topical national issues affecting the profession, such as the recent ban on saccharin. When issues are predictable, statements should be prepared in advance for release at the proper time. As well, there may be stories on dental health worthy of publication arising from CDA research. The Houston Group would assist in identifying the issues, preparing the news releases, ensuring that they are approved by the proper parties and distributing them across Canada.

These recommendations have been listed in brief and reflect the approach The Houston Group believes is needed by CDA.

If the CDA wishes to commit itself to a one-year program based on these recommendations, plus other priorities which the Association itself might suggest, then we will be in a position to determine strategies and commence the detailed preparation work necessary to ensure the successful implementation of each segment of the program.

Based on the recommendations contained in this letter, we would envisage a fee of \$30,000.00 a year, pro-rated on a monthly basis at \$2,500.00. This would cover consultation, further development of ideas, research, writing, implementation and follow-up. The only additional costs would be for out-of-pocket expenses such as printing costs, telephone, travel, Xerox, postage, etc. Estimated out-of-pocket expenses for each segment of the program would be submitted to the CDA for approval in advance of any expenditures.

The cost of the program is related to the scope of the commitment and can be discussed in more detail at the Executive Committee meeting.

Sincerely,

David Proulx

DP/pk

copy/mh

December 6, 1976

REPORT ON
COMPOSITION OF EXECUTIVE COUNCIL

Committee members:

Dr. J.A. Doiron
Dr. H.R. MacLean
Dr. R.L. Moran
Dr. R.N. Hicks - chairman

BACKGROUND INFORMATION

The composition of the Executive Council was discussed during consideration of changes to the Constitution and By-Laws at the 1976 Board of Governors meeting in Edmonton. The Council on Constitution and By-Laws recommended that Article XI, Section 2 (i.e. Executive Council Composition) read:

"The Executive Council shall consist of the President, immediate Past President, President-elect and four additional members. The President-elect and four additional members shall be elected by the Board of Governors from its membership. The appointed officials of the Association shall be ex-officio members without the right to vote. The place of residence at the date of the annual meeting shall determine the province from which a candidate has been drawn. Not more than one candidate so elected, exclusive of the President and immediate Past President shall be representative of any one Corporate member."

The Executive Council agreed but recommended the following:

- i) Deletion of the sentence beginning "The appointed officials of the Association...without the right to vote."
- ii) Deletion of "one" in the line "Not more than one candidate..." and substitution of "two".
(i.e. "Not more than two candidates so elected...")

The effect of these two recommendations by the Executive Council would mean that:

- a) none of the appointed officials of our Association would attend Executive meetings unless requested.
- b) two of the "four additional members" of the Executive Council could be from one corporate member.

Following some discussion, a Governor from British Columbia presented the following motion:

"The Executive Council shall consist of the President, the immediate Past President and one representative from each corporate member - one of whom shall be the President-elect. The ten corporate member representatives, including the President-elect shall be elected by the Board of Governors from its membership. The Executive Director of the Association shall be an ex-officio member without the right to vote."

Basically, the intent of this motion was explained to be two-fold:

- a) to increase the size of the Executive Council due to the obvious increased work load and responsibility being directed to the Executive Council.
- b) to insure equal representation of all Provinces at the Executive level.

A heated discussion followed in which the opponents of this motion expressed concern of a large unwieldy Executive Council which, in effect, would be a "mini Board of Governors". The motion was defeated and the Board proceeded to accept the following:

"The Executive Council shall consist of the President, immediate Past President, President-elect and four additional members. The President-elect and four additional members shall be elected by the Board of Governors from its membership. The place of residence at the date of the annual meeting shall determine the province from which a candidate has been drawn. Not more than two candidates so elected, exclusive of the President and immediate Past President, shall be representative of any one corporate member."

Members of the Board and of the Executive Council expressed interest and concern about some of the issues raised during the debate on these motions.

It was felt that a committee should investigate and study possible future changes to the composition of the Executive Council that would satisfy some of the criticisms levelled during this debate. The committee was to report back to the Executive Council and the topic was to be placed on the agenda of the next Board of Governors meeting.

COMMITTEE ACTION AND FINDINGS

The committee arranged to meet with Governors from each Province. This was done in order to obtain their feelings and opinions regarding the present composition of the Executive Committee and to receive suggestions for possible improvement in composition in the future.

The majority of the provincial representatives agreed to the following two concepts:

- a) that the number of individuals on the Executive Council should be increased
- b) that the composition of the Executive Council should reflect regional representation from across Canada

All provinces agreed that an increase in the number of members of the Executive Council was advisable due to the increased responsibility and workload transferred to this group at the 1976 Board Meeting. However, a variety of responses were received when they were asked how the regional representation should be facilitated. Since the responses of the provincial representatives affected the conclusions reached by the Committee, their individual responses are included in this report.

B.C.	- Strongly requested representation
Alberta	- strongly requested representation
Saskatchewan	- requested representation but would join with Western Provinces if grouping was necessary
Manitoba	- requested representation but would "group" with other Western Provinces if grouping was necessary
Ontario	- strongly requested representation
Quebec	- strongly requested representation
New Brunswick Nova Scotia P.E.I. Newfoundland	- did not request individual representation but would like to see one "Atlantic Provinces" representative

The present Executive Council consists of seven members. The possibility of increasing to either nine or eleven members was considered by the provincial representatives and by the committee.

CONCLUSIONS AND RECOMMENDATIONS

It was obvious to the Committee that there was a need to increase the size of the Executive Council. It was also felt that definite regional representation should be implemented into Article XI, Section 2 of the By-Laws. It was recognized by the committee that unofficial consideration is presently given to regional representation when members are nominated for the Executive Council. Including regional representation in the By-Laws would insure that this factor was not over looked in the future.

Therefore the following recommendations are made:

- a) that the Executive Council consist of nine members
i.e. President, immediate Past President, President-elect and six additional members.

- b) that the six additional members consist of one representative each from:
- i) British Columbia
 - ii) Alberta
 - iii) Saskatchewan - Manitoba
 - iv) Ontario
 - v) Quebec
 - vi) Atlantic Provinces
- c) that the above recommended changes be implemented as soon as possible so as to provide additional manpower (person power) for the Executive Council
- d) that Article XI, Section 2 of the By-Laws be changed so as to read:

"The Executive Council shall consist of the President, immediate Past President, President-elect and six additional members. The President-elect and six additional members shall be elected by the Board of Governors from its membership. The place of residence at the date of the Annual Meeting shall determine the province from which a candidate has been drawn. The six additional members shall consist of one representative each from the following regions:

- a) province of British Columbia
- b) province of Alberta
- c) provinces of Saskatchewan - Manitoba
- d) province of Ontario
- e) province of Quebec
- f) provinces of New Brunswick, Nova Scotia, P.E.I. Newfoundland

MEETING ON THE COMPOSITION OF
EXECUTIVE COUNCIL
OTTAWA - APRIL 18, 1977

A meeting of representatives of corporate members met at the Four Seasons Hotel, Ottawa, on April 18, 1977, to consider a report on the composition of the Executive Council prepared by an Ad Hoc Committee of 4, Dr. R.N. Hicks, Chairman.

PRESENT: D.L. Rife, Ontario
G.F. Anderson, Alberta
G. Conrad, Nova Scotia
T.D. Ingham, Nova Scotia
D. Peters, Newfoundland
C. Covit, Quebec
J.W. Niedermayer, Saskatchewan
A.J. Harris, Ontario
D. Crocker, P.E.I.
J. Rooney, New Brunswick
R.N. Hicks, Vancouver
G.M. Nowazek, Manitoba

L.A. Stevenson, Executive Director
Mrs. T. Appelt, Councils' Secretary

CALL TO ORDER:

Those present accepted Dr. Rife as Chairman.

The Chairman called the meeting to order at 9 a.m. on April 18, 1977.

CHAIRMAN'S REMARKS:

The Chairman outlined the reasons for the meeting and read the proposed By-Law which was to be considered, noting that there would be no votes taken - the aim of the meeting being to reach a consensus of opinion and present it to the Board of Governors.

He stated that there was basic agreement on the fact that there was a need to expand the Executive Council. The work imposed on its members is increasing and the responsibilities of each member have been escalating in a much greater way than just having to attend meetings.

The Executive Director noted that the cost at the present time is approximately \$1,400. per meeting. At the rate of six meetings per year with two additional Executive Council members the projected cost would be \$8,400. per year.

Dr. Harris stated that the Ontario group was concerned about costs. ODA anticipates the licensing fee in Ontario being doubled and they may have a 25% drop in membership.

Regional representation was discussed and the following points were made:

- 1) *Generally speaking in the past there has been fair representation from all areas of the country - good regional representation.*
- 2) *The men on the Executive Council are there to represent C.D.A. Although it is desirable to have geographic representation it is not the first consideration - national policies are formulated, not regional, although they are affected.*
- 3) *Where there was a weakness in the Executive Council in the past it was where it was felt necessary to recommend geographical representation.*
- 4) *The onus is on each corporate body to send their best men to the Board of Governors.*
- 5) *The larger provinces have not tried to be overbearing in regard to the smaller provinces. (Largest provincial membership is 2,500 - the smallest, 42).*

Dr. Hicks mentioned the following as reasons why the Committee thought regional representation desirable:

- a) *It ensures each region will participate at the Executive level. If a national policy is to be developed regional input is necessary.*
 - b) *It is important for "input" and an excellent means of communication back to the regional areas.*
 - c) *It would add strength to the decisions.*
 - d) *It stimulates the Provinces to send their best people.*
1. After general discussion the following revised wording of the By-law was suggested and agreed upon:

The Committee recommends that Article XI, Section 2 of the C.D.A. By-laws be changed so as to read:

"The Executive Council shall consist of the President, immediate Past President, President-elect and six additional members. The President-elect and six additional members shall be elected by the Board of Governors from its membership. The province from which the member is a Governor at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members should if possible consist of one each from the following regions:

- a) province of British Columbia*
- b) province of Alberta*
- c) provinces of Saskatchewan - Manitoba*
- d) province of Ontario*
- e) province of Quebec*
- f) provinces of New Brunswick, Nova Scotia, P.E.I. Newfoundland*

2. The Committee recommends that when the recommendation in "1" is presented, it be accompanied with an explanation of the costs involved and a budget for the item.
3. The Committee recommends that the President appoint Dr. Bob Hicks as an Ad Hoc Committee to determine the best Constitutional method whereby the recommendation in "1" may be implemented at the earliest opportunity.
4. The Committee recommends that failing approval by the Board of recommendation "1", the Board move to have the Council on Constitution and By-laws recommendation and Board amendments, Transactions 1976 and page 69 re Article XI, Section 2, placed in the By-laws and approved by the Minister of Consumer and Corporate Affairs at once.
5. The Committee suggest that a Conference of similar format be convened annually.
 - a) to consist of the Presidents, or their delegated representatives, of C.D.A. and all Corporate Members.
 - b) to discuss matters of concern and interest to C.D.A. and the Corporate Members.
 - c) The meeting to coincide in time and place with the Annual Meeting of C.D.A., with costs of attendance borne by the Corporations represented. Host for the Conference could be on a rotating basis.

The meeting was adjourned by the Chairman with thanks to all for their participation.

REPORT ON THE
IMPLEMENTATION OF CHANGES TO THE
COMPOSITION OF THE EXECUTIVE COUNCIL

Robert N. Hicks, D.D.S., M.S.
Chairman

PURPOSE:

This Committee was struck to investigate and report on the various procedural requirements necessary to implement a change in the composition of the Executive Council. A special meeting of representatives from each province on April 18, 1977, requested that such information be provided before the next Annual Meeting so that any increase in the number of members of the Executive Council could be implemented as soon as possible.

PROCEDURE:

A review of the Canadian Dental Association General By-Laws and of Sturgis' Rules of Order has taken place.

COMMITTEE FINDINGS:

1. An amendment to the CDA By-Laws is required before any change in the composition of the Executive Council can occur. The By-Law that requires amendment is Article XI Section 2.
2. There are two rules regarding changes to By-Laws
 - (a) If prior notification (i.e. three months) of a By-Law amendment is given to the Executive Director, then a 2/3 majority is required to pass the proposed amendment (Article XXIV, Section 1) at an annual meeting.
 - (b) A By-Law amendment can be accepted without prior notice if a unanimous affirmative vote at the annual meeting suspends the "prior notification" requirement. A unanimous affirmative vote is then required to pass the proposed amendment (Article XXIV, Section 2).
3. If an increase in the number of members of the Executive Council is agreed upon, a list of the proposed candidates for these new positions must be circulated to the members of the Board of Governors prior to the annual meeting at which their election is to take place (Article X, Section 3).

3. Nominations from the floor are not valid unless there are withdrawals from the list of Nominations as presented by the Nominations Council (Article XIV, Section 4(i)).
4. Any amendment to the C.D.A. By-Laws requires approval of the Minister of Consumer and Corporate Affairs of the Government of Canada before the change can be implemented. (Article XXIV, Section 1).

Advance notice of the proposed amendments to Article XI, Section 2 of the By-Laws has been received by the Executive Director three months prior to the 1977 Annual Meeting date. These proposed amendments are:

- A. *"The Executive Council shall consist of the President, immediate Past-President, President-Elect, and six additional members. The President-Elect and six additional members shall be elected by the Board of Governors from its membership. The place of residence at the date of the Annual Meeting shall determine the province from which a candidate has been drawn. The six additional members shall consist of one representative each from the following regions:*
 - a) province of British Columbia
 - b) province of Alberta
 - c) provinces of Saskatchewan/Manitoba
 - d) province of Ontario
 - e) province of Quebec
 - f) provinces of New Brunswick, Nova Scotia, P.E.I. and Newfoundland. "
- B. *"The Executive Council shall consist of the President, immediate Past President, President-Elect and six additional members. The President-Elect and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is a Governor at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members should, if possible, consist of one each from the following regions:*
 - a) province of British Columbia
 - b) province of Alberta
 - c) provinces of Saskatchewan/Manitoba
 - d) province of Ontario
 - e) province of Quebec
 - f) provinces of New Brunswick, Nova Scotia, P.E.I. and Newfoundland. "

CONCLUSIONS:

Once the Board of Governors passes a motion regarding specific changes to the Executive Council composition at the 1977 Annual Meeting, the two proposed amendments to the By-Laws can be considered. A two-thirds majority vote will be required to pass either of these proposed amendments.

If neither of these proposed amendments is acceptable to the meeting, a further amendment can be presented from the floor. However, a unanimous vote of the members present will be required to suspend the rule requiring prior notification of proposed amendments to the By-Laws. A unanimous vote will also be required to pass such a proposed amendment.

Technically, no action can be taken to implement any change to the By-Laws until approval has been received from the Minister of Consumer & Corporate Affairs of the Government of Canada. However, instances have been reported in the past where the Association proceeded with the By-Law change in anticipation that the Minister's approval is imminent.

A definite problem, however, is encountered in implementing any increase in size to the Executive Council at the same meeting that a By-Law amendment occurs. There is no provision in our By-Laws to nominate people for election without prior notification before an annual meeting. No provision is made for Nominations from the floor unless a nominated person withdraws.

Suspension of the rules regarding the nomination procedure is not provided for in our By-Laws. Sturgis' Rules of Order states that *"An Assembly can not suspend a rule in the By-Laws unless they contain a provision permitting the suspension of certain By-laws governing the method or order of considering business."* There is no general provision for suspension of rules in our By-Laws.

It has been recommended that extra names be placed on the list of nominated people for Executive Council positions. Such nominations could then be considered for any new positions created by a By-Law change. While this procedure could be accepted, in doing so, the intent of the nomination procedure in our By-Laws would be violated. The Nominations Council would be asked to nominate for positions which have not been created and therefore no criteria or qualifications for the positions could be considered.

From the above information, it is concluded that a change to the By-Laws can occur at the 1977 Annual Meeting but any implementation of increase in size to the Executive Council must wait until the 1978 Annual Meeting.

RECOMMENDATIONS:

According to the By-Laws of our Association, the following procedure is required to implement a change in the composition of Executive Council:

1. Adoption of a motion at the 1977 Annual Meeting identifying the changes desired to the composition of the Executive Council.
2. Adoption of any amendment to Article XI, Section 2 of the By-Laws at the 1977 Annual Meeting to incorporate this change.

3. Application to the Minister of Consumer and Corporate Affairs of the Government of Canada to approve the amendment to the By-Laws.
4. Report of Nominations Council regarding proposed candidates to fill new positions created on the Executive Council to be received by the Board of Governors prior to the 1978 Annual Meeting.
5. Nomination of proposed candidates and election of same to occur at the 1978 Annual Meeting.

In light of the By-Law restrictions placed upon the Board of Governors in their desire to implement a change in the composition of the Executive Council as quickly as possible, there may be a desire to review our position regarding nominations for the election of officers and regarding the availability to suspend rules if the occasion warrants it. If such a review occurs, the following recommendations should be considered:

- a) Provisions made to allow nominations from the floor during the election of officers at the annual meeting.
- b) Provisions made to allow suspension of the rules of procedure by a unanimous vote of members present at an Annual Meeting.

The Board or Executive Council may wish to refer these two recommendations to the Constitution & By-Laws Council for comment.

Respectfully submitted

(signed)

R. Hicks,
Chairman.

JULY, 1977.

MEMBERSHIP COMMITTEE

The Membership Committee shall be a sub-committee of the Executive Council on a continuing basis at the discretion of Executive Council.

Composition - Past President, C.D.A., Chairman, member from each of Quebec and Ontario plus one additional member chosen from the rest of Canada. (Minute 39, Executive Council, May, 1977).

Terms of Reference:

This Committee shall

- (1) operate to enhance the membership in C.D.A. with particular attention being focussed on those provinces with voluntary membership.
- (2) liaise with the provincial committee to provide any C.D.A. expertise and/or material available from C.D.A. resources.
- (3) assist in maintaining a consistent and uniform approach.
- (4) provide assistance in student membership promotions in cooperation with the various faculties, student organizations and appropriate corporate bodies.
- (5) liaise with the Director of Student Affairs relative to student membership.
- (6) develop and maintain a library of resource material as recruitment programs evolve.
- (7) report on a continuing basis to Executive Council.

C.D.S.P.I. ACTION SHEETPERIOD MARCH 14 - AUGUST 4, 1977

Members of this Board and Committee are:

Dr. M.D. Charendoff
Dr. R. Dupont
Dr. J.E. Durran
Dr. J.C. Giguere
Dr. R.L. Moran
Dr. R.L. Rasmussen

Executive Committee (Management Committee)

Members are:

Dr. J.E. Durran
Dr. R.L. Moran
Mrs. E. Schmidt
Dr. M.D. Charendoff (Special Consultant)

Executive Committee (Management Committee)

Meetings were held on:

March 14, 1977
March 28, 1977
April 13, 1977
April 18, 1977
April 27, 1977
May 12, 1977
May 31, 1977
June 16, 1977
June 29, 1977
July 4, 1977
July 12, 1977
August 4, 1977

Board and Council meetings were held on:

April 5, 1977
May 7, 1977
June 3, 1977
June 4, 1977
June 20, 1977

The period has, in addition to routine business, mainly been devoted to interviewing and screening of the firms which made presentations and recommendations on the marketing to the industry of revised insurance plans, and future methods of administration and communication.

A special account has been set up in the C.D.S.P.I. General Ledger to reflect expenses pertaining to the retendering process.

The following motions were passed:

April 5, 1977 "That the Executive Council be empowered to employ a special consultant."

"That the Executive Council seek proposals and make recommendations to the Council on Insurance regarding Administration and Marketing of the Benefit Plans."

"That the firm of Charles A. Kench and Associates be appointed administrator of the C.D.A. Plans for a period of 3 years with the option to cancel on 90 days notice."

Comments: The Executive Council has not as yet selected a special consultant - consulting actuary. One party so far has been interviewed.

Actions which have been executed:

Withdrawal from General Insurance - Automobile and Homeowners portion.
All provinces were informed and a special letter was forwarded to all participants.

Present carriers informed of retendering of the plans.

All provincial associations informed of retendering. Suggestions from many provinces for upgrading of the plans received and utilized when determining new contents of the plans.

Meeting held with Royal Trust:

Discussions took place regarding possible change in length of term of investment certificates in "Guaranteed Fund" and the possibility of introducing a new "Balanced Fund". More information will be supplied by Royal Trust and discussion will be continued at a meeting scheduled for early October, 1977.

The following firms presented proposals on retendering, administration and communication of the plans.

- 1) Harriott and Associates made their recommendations at an earlier date.
- 2) William M. Mercer Limited
- 3) Charbonneau, Ledgerwood, Leipsic, Simpson and Associates Limited.
- 4) Murray G. Bulger and Associates Limited
- 5) Charles A. Kench and Associates Limited.

After the actual tendering was closed, the Montreal firm M.S.C. Insurance Associates (Montreal Securities Corporation Insurance Brokers) made a presentation. (First made contact with C.D.S.P.I. April 26, 1977).

After studying all proposals carefully, the Executive Council of C.D.S.P.I. concentrated on Charbonneau, Bulger and Kench. Representatives from these firms were present at several executive meetings.

Charbonneau was eliminated, because of lack of experience with a large association group and because they were not equipped to communicate the plans in an acceptable manner.

Both Bulger and Kench have the facilities for administration and communication of the programmes. Bulger's proposal was based on the direct sales principle - face to face selling by agency representatives.

The Board of C.D.S.P.I. (C.D.A. Interim Council on Insurance), after having heard out both firms, decided in favour of Kench. The direct sales approach proved too expensive.

Kench was first appointed to do the retendering. Representatives from Kench attended several Executive Council meetings and eventually came forward with recommendations for the contents of the revised plans. The specifications were drawn up and presented to and discussed with the C.D.S.P.I. Board (C.D.A. Interim Council on Insurance) and at the meeting on June 20, 1977, at which representatives of the provinces and the C.D.A. Executive Council were present.

The specifications were released to the insurance market around the middle of July. Quotations have been requested by August 12, 1977. The following week, Kench will study the quotations and will then make their recommendations to the C.D.S.P.I. Executive Council on August 23, 1977.

A conjoint meeting of C.D.S.P.I. (C.D.A. Interim Council on Insurance) and the C.D.A. Executive has been scheduled for August 26 and 27, 1977 at the Inn on the Park, Toronto. Representatives from Kench will present and explain the quotes, and the future carriers should be selected.

After approval from the C.D.A. Executive Council was received, Charles A. Kench and Associates have been notified that, subject to a mutually agreed upon contract, the firm has been appointed to assume the role of administrator and communicator of the Plans, in co-operation with and under the supervision of C.D.S.P.I.

The Executive Council of C.D.S.P.I. has studied the retention statements for the Life and Disability/Office Overhead Plans carefully, and in many areas anomalies were detected which prompted negotiations with Imperial Life and CNA with the intent in mind of having certain adjustments made in favour of the plans.

Ad Hoc C.D.A.-C.F.D.E. Joint Committee - 1977Report to:

C.D.A. Board of Governors

C.F.D.E. Board of Trustees

Terms of Reference:

C.D.A. Transactions 1976, Page 28 "Resolved - That an Ad Hoc Committee be formed by the Executives of C.D.A. and C.F.D.E. to discuss the relationship between C.D.A. and C.F.D.E. and to submit a report to the Executives of both bodies".

General:

The Committee met in February 1977, following which the chairman drafted an Interim Report which he presented to the Board of Trustees of C.F.D.E. and the Executive of C.D.A.

The Committee met again in July 1977 to consider the Interim Report and a position paper from the C.D.A. and the C.F.D.E. relative to the recommendations contained in the Interim Report.

Observations:

- 1) The C.D.A. has expressed its intention to retire the mortgage held by C.F.D.E. as soon as possible pending their financial position at the end of 1977.
- 2) The C.D.A. has further expressed a desire to fund its various activities from its own resources.
- 3) The extent to which C.F.D.E. is able to support various dental education oriented projects and/or assist in furthering dental education is directly related to income.
- 4) The main objective of both C.D.A. and C.F.D.E. is to have a healthy and effective Fund for Dental Education in Canada. C.D.A. and C.F.D.E. can be proud of the present stature of the C.F.D.E.

Suggestions

- 1) That C.D.A. favourably consider retiring the second mortgage held by C.F.D.E. early in 1978.
- 2) That the C.D.A. will make every effort to fund its own projects and activities.

Ad Hoc C.D.A.-C.F.D.E.
Joint Committee - 1977
Page 2

- 3) That the C.F.D.E. will in a formal manner, based on merit and within the terms of the Deed of Trust, continue to entertain applications for funding of C.D.A. projects or those channelled through C.D.A.
- 4) That the C.F.D.E. will continue to present an Annual Report, including an Audited Statement, to C.D.A.
- 5) That the Deed of Trust of C.F.D.E. will remain basically as it presently reads.
- 6) That C.D.A. and C.F.D.E. by way of appropriate announcement, will consider informing the general membership of the retirement of the C.D.A. mortgage held by C.F.D.E. This announcement could be made independently and preferably simultaneously.

Recommendation:

That the C.D.A and the C.F.D.E. consider the foregoing suggestions in their deliberations relative to their future years' activities.

Respectfully submitted,

Carl E. Dexter
Chairman

CED/bld

Committee:

Mr. Stan Tebbutt
Mr. Alex Currie
Dr. Jack Neilson
Dr. Rod Moran
Dr. Lindsay Mussells
Dr. Carl Dexter

Mr. Murray McDonald
Mr. Lloyd Stevenson

Position Statement of the Canadian Dental Association
in respect of the Canadian Fund for Dental Education

1. The Canadian Dental Association reaffirms its support for the Canadian Fund for Dental Education.
2. The Canadian Dental Association is pleased with the Deed of Trust of C.F.D.E. and does not wish to have any changes made to it.
3. The Canadian Dental Association proposes to continue to fulfil its responsibility to the C.F.D.E. in the appointment of Trustees, and, in administration of the financial details of the Trust in accordance with the instructions of the Trustees.
4. The Canadian Dental Association proposes to retire the second mortgage loan held by the C.F.D.E. at the earliest opportunity available to the Association, consistent with responsible financial planning.
5. The Canadian Dental Association, at the time of retirement of the C.F.D.E. loan, proposes to inform all contributors to the Capital Fund Campaign, of the action taken, the legal implications to contributors of the action, and, of the possible courses of procedures available to contributors as a consequence of the loan retirement.
6. The Canadian Dental Association will submit to the Trustees of C.F.D.E. at appropriate times, lists of projects and the funding required for them, for consideration by the Trustees of C.F.D.E.
7. The Canadian Dental Association expects of the Trustees that they will fulfil their obligations as Trustees in accordance with paragraphs 2 and 4 of the Deed of Trust; that they will stand possessed of all moneys and securities donated to the Fund upon trust to apply all funds, assets and income of the Fund absolutely and exclusively for the advancement of education as provided in the Deed of Trust; that they will not carry on any business; and, that the assets and income of the Fund will not be used to make any expenditures except as provided in the Trust Deed.

MEETING AT THE RADIATION PROTECTION BUREAU, DEPARTMENT OF HEALTH & WELFARE

On 27th May, I attended the above meeting as the Oral Radiologist representing the Canadian Dental Association.

My fellow members were representatives of the Canadian Association of Radiologists, Canadian Association of Physicists, Canadian Association of Manufacturers of Medical Devices, National Research Council, and Radiation Physicists from the Radiation Protection Bureau. The chairman was the Director of the Radiation Protection Bureau, Dr. A.H. Booth.

Our mandate was to prepare regulations for legislation dealing with Diagnostic Radiology in general, and to revise the existing regulations pertaining to dental x-ray apparatus.

At the Federal level, legislation deals with the standard of equipment sold in this country.

The first part of the day was spent in discussing Diagnostic Radiologic equipment in general, relative to protection of the public. It was stressed that our deliberation must be on classes of apparatus and study of individual machines was not within our purview.

The Physicist from the Radiological Research Department, University of Toronto, opened the discussion by pointing out the problems associated with the various interpretations of different terms in frequent use. The question then arose of the desired standard being satisfied at the time of sale or at installation.

Much discussion centred on standards of timers, radiation emission and radiation leakage.

Finally, a working understanding was achieved, and a draft of the discussion is to be distributed to the participants before it is presented to the legislative body.

The committee then turned its attention to the matter of dental x-ray apparatuses. Legislation on this matter dated 1972 is still in force and it was felt that revision was necessary. At a previous meeting certain changes had been suggested and these were now presented for discussion.

The meeting gave its approval to most of the suggested alterations. There was discussion on some points of radiation physics, and on timers, but finally general approval was reached.

The amended regulations will be sent to concerned bodies for observations, after which it will be presented to the legislative body.

Although these meetings have engendered much discussion and will have a definite effect on the manufacturers, I do not think they will cause upset to the practising dentist.

I am pleased to have been our association's representative and shall be most happy to answer any specific questions.

(signed)

H.G. POYTON.

/copy/mh

Report of the C.D.A. delegate to Canadian Cancer Society Public Education and Nucleus Committees.

The past year was designated a "consolidation year" to allow time for the educational material generated by "The Seven Steps to Health" programme to be distributed and absorbed at the public level. Time is required to assess the impact of this programme.

In addition educational programming was incorporated into adult television, e.g. "King of Kensington".

A short film on cancer prevention was circulated nationally in the theatre circuit.

Plans have been made for the 1978-79 year, in which emphasis is to be placed on cancer detection for men, as a balance for previous emphasis on women. Industrial groups will also be a target for educational material.

Respectfully submitted

(signed)

R.J. McComb

copy/mh

Report of C.D.A. delegate to the Canadian Cancer Society Symposium "Coping with Cancer"

Delegates

Almost 400 delegates attended the Symposium. They were chosen to represent a cross section of the health care professionals and non-professionals who have an interest in the problems related to the treatment and social adjustment of cancer patients. Delegates included oncologists, social workers, nurses, general practice physicians, dentists, theologians and representatives from labour unions, life insurance companies and government Ministries of Health.

Programme (Copy enclosed)

The sessions were arranged to deal with the major perspectives of care for the cancer patient.

1. Helping Individuals in Apparent Good Health who might develop Cancer.
2. Helping the Newly Diagnosed Patient.
3. Helping the Individual who has been Successfully Treated for Cancer.
4. Helping the Patient and Family when Curative Measures Fail.
5. Special Problems in Dealing with Cancer.

Comments

The theme of the programme was the caring for cancer patients in a way that coped with their emotional and social needs, as well as the immediate clinical problems. Of necessity this total care concept involves a much wider range of professional talents than is normally supposed. The problems addressed were as diverse as those of education of the lay public in cancer prevention and early diagnosis to the problems faced by the cured cancer patient in trying to arrange life insurance.

The dentist, as part of the health care community, has a responsibility in several of these fields.

1. Patient education about cancer prevention
2. Responsibility for early diagnosis
3. Responsibility for rapid referral to treatment delivery system
4. Management of post therapeutic problems
 - e.g. (a) surgical defects
 - (b) complications of radiotherapy
 - (i) osteoradionecrosis
 - (ii) radiation caries
 - (iii) dry mouth

...continued

Perhaps one of the greatest challenges to be met by the health professional is what to tell the patient. The consensus among the symposium participants was that patient's questions should be answered honestly and directly. Where question cannot be answered the patient should be told so. Many examples were cited where the lesson to be learned was that no one should guess the answer to "How long will I live?". However early honesty where possible will lead to greater trust by the patient in the later stages of treatment.

Conclusion

The total care of the cancer patient involves many health care professionals. The dentist as one of the health care team has a responsibility to his patient not only in diagnosis, but education for prevention, and support in the post therapy phase.

REPORTOrganizing Committee FDI/CDA World Dental Congress
to: CDA Executive Council and Board of GovernorsCommittee structure:

1. The current structure of the Committee has been finalized. Additional committee members may be required as specific job responsibilities increase.

Schedule of events:

2. Scheduled events include business sessions of the FDI an extensive and varied scientific programme, a dental trade exhibition, a variety of social events and interesting city tours.

Budget

3. A preliminary budget has been approved in principle.
4. Congress expenditures are now being met by Congress revenues.

Promotion & Publicity:

5. To list all the activities aimed at promoting The Toronto Congress would be exhausting to the reader as well as the writer.
6. Some examples include the following:-
 - (1) Exhibits and handouts at the World Dental Congresses in London, Chicago and Athens.
 - (2) Exhibits and handouts at several Canadian and American dental meetings.
 - (3) Promotional material mailed to all State dental editors in the USA and to the Journal of The American Dental Association.
 - (4) Mailings to all national dental associations that are FDI members.
 - (5) Mailings to all dental schools in the world listed in the W.H.O. listing.
 - (6) Informational letters to all Ministers of health in FDI member countries.
 - (7) Letters will be sent to all foreign embassies and consuls in Canada.
 - (8) Three newsletters to all dentists in Canada

- (9) Regular pages in The Journal of the Canadian Dental Association and some Provincial dental journals.
- (10) Distribution of posters and identification stickers to members of the Canadian Association of Dental Exhibitors.
- (11) Distribution of posters to CDA's corporate members.
- (12) Articles in the FDI Newsletters distributed within the Quintessence Dental Digest Magazines.
- (13) World wide distribution of Interim Programmes in 4 languages.

Affiliated Groups:

7. The Committee is pleased to note that the following groups have arranged their meetings or functions to coincide with the FDI/CDA Congress:
 - (1) Canadian Dental Nurses and Assistants' Association.
 - (2) Canadian Dental Hygienists' Association.
 - (3) Canadian Academy of Restorative Dentistry.
 - (4) Canadian Association of Orthodontists.
 - (5) Canadian Association of Public Health Dentists.
 - (6) Royal College of Dentists of Canada.
 - (7) Canadian Society of Oral Surgeons.
 - (8) Alpha Omega Dental Fraternity.
 - (9) American College of Dentists.
 - (10) International College of Dentists.

Opening Ceremony - Sunday, October 24, 7.00 p.m.

8. Invitees to the Opening Ceremony will include The Governor General of Canada, The Lieutenant Governor of Ontario, The Prime Minister of Canada, The Premier of Ontario, The Mayor of Metropolitan Toronto and senior foreign ambassadors and consuls stationed in Canada.
9. Her Honour, Lieutenant Governor of Ontario, Pauline McGibbon will officially open the Congress.
10. Following the official opening and music by the 48th Highlanders Band, a wine and cheese reception, hosted by The Ontario and Metropolitan Toronto Governments will be open to all Congress participants.

Dental Trade Exhibition:

11. The Dental Trade Exhibition, along with a good portion of the scientific programme, will be held in the Automotive Building, Exhibition Place.

12. Buses, courtesy of Colgate-Palmolive Co. will provide regular service between the Automotive Building and three strategic downtown hotel locations.
13. When this report was being prepared, the target of 250 exhibitors' booth seemed to be within reach.

Official Congress Programme:

14. Separate Congress Programmes will be printed in English, French, German, Spanish and perhaps in Japanese.
15. Exhibitors have been invited to advertise within the pages of The Official Programme.

CDA Installation Luncheon:

16. On Wednesday, October 26, Procter and Gamble will host a reception and luncheon in the Harbour Castle Hotel at which the installation of the incoming CDA President will be featured.
17. Attendance at this luncheon will be by invitation.

Acknowledgements:

18. The Committee wishes to acknowledge its sincere appreciation for the generous financial assistance represented by commitments presently in hand from the following:
 - (1) Air Canada
 - (2) Canadian Association of Dental Exhibitors
 - (3) Canadian Fund for Dental Education
 - (4) Canadian Pacific Air Lines
 - (5) Colgate Palmolive Co.
 - (6) Chrysler Corporation of Canada
 - (7) Federal Government - Department of Tourism
 - (8) Lawson McKay Tours
 - (9) Lieutenant Governor of Ontario
 - (10) Metropolitan Toronto
 - (11) Ontario Government
 - (12) Ontario Dental Association
 - (13) Procter and Gamble Co.
 - (14) Royal Bank of Canada
 - (15) Royal College of Dental Surgeons of Ontario
 - (16) Secretary of State - Language Branch
 - (17) Siemens Co.
 - (18) Convention and Tourist Bureau of Metropolitan Toronto
 - (19) Wrigley Co. of Canada.

Grant Applications:

19. In addition to the above, applications for financial assistance have been submitted to the Minister of National Health and Welfare for a National Health Grant and to the Canadian International Development Agency for assistance with the cost of the scientific programme.

Congress Postal Service:

20. A special Congress "canceller" has been approved by the Post Office. It will be available along with the Congress cachet envelopes at a P.O. stand in the Automotive Building.

Congress Ham Radio Station:

21. The first International Dental Congress Ham Radio Hook-up will be in operation at the Automotive Building.

Arts and Crafts:

22. Under the direction of the Ladies Committee, the Ontario Crafts Council will provide a display and sale of Canadian Craft at the Automotive Building.
23. A display of arts and crafts by members of the dental profession will further enhance the attractions in the Automotive Building.

Registration and Housing:

24. Registration and Hotel application forms have been printed in five languages, English, French, German, Spanish and Japanese, and mailed to all FDI member associations for distribution to their members.

Dr. W.G. McIntosh
June, 1977

This report was received as information.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1977

INTERIM REPORT

1. As requested, and for the first time, I presented an interim report to the Board of Governors meeting held in Ottawa on March 9 of this year. As mentioned in this report, our records for 1976 had been audited and our auditors were in the process of preparing their official report. The audited statement was subsequently reviewed and approved at our annual Board of Trustees meeting held in Toronto, April 11-12, 1977, and two copies are enclosed with this report.

1977 ANNUAL MEETING

2. Because of other commitments, Drs. Crompton and Brouillet as well as Mr. Tebbutt unfortunately were unable to attend the fifteenth annual meeting of the Canadian Fund of Dental Education. All other trustees were in attendance, including Mr. Lloyd A. Stevenson, CDA Executive Director, whom we were pleased to welcome to his first CFDE Board meeting.

1976 - A SUCCESSFUL YEAR

3. As indicated in my interim report and again in our annual report inserted in the April issue of the CDA Journal, 1976 operational income of \$190,000 established a new record. We are deeply grateful to the hundreds of dentists throughout Canada who continued and in many, many instances increased their support of Fund programs. We are most encouraged by the fact that 229 dentists supported our activities for the first time in 1976 and sincerely hope that we can again count on their help this year and that they will be joined by hundreds of their confreres. As I have emphasized on many previous occasions, professional support is essential to our fund raising efforts, and therefore, our ability to assist dental education and research.
4. In 1976 grants in support of our many programs totalled \$124,432. This was somewhat less than anticipated, largely due to the fact that several fellowship recipients subsequently were able to obtain financing from elsewhere, such as MRC, and therefore, did not require our support.

PROGRAMS THAT WILL BE SUPPORTED IN 1977

5. The Chairman of the Advisory Committee on Fellowship Selection personally presented his report to the trustees meeting. At their April 7 meeting the Committee reviewed thirty-four applications for CFDE fellowships and, in addition, discussed granting policy and related matters.

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1977

6. The Chairman noted that the number and quality of applications for the Fund's annual \$1,500 fellowship for existent university dental teachers had increased remarkably in the past three years. The Committee considered eight applications many of which were excellent. In view of the steady increase in excellent applications for this particular fellowship, the Committee recommended that the trustees should be prepared to grant at least two, and possibly three, such fellowships per year, funds permitting.

Items 1 through 6 received as information

7. The Chairman also noted that despite the financial constraints on dental faculties, practically all of the applicants for regular CFDE fellowships had a commitment for at least half-time employment upon completion of their studies. Therefore, the Advisory Committee feels that a strong commitment to the fellowship program should be continued.
8. Based on established granting policy, the Advisory Committee recommended fellowship with a total value of \$83,000.
9. The Advisory Committee's report was accepted and approved by the trustees, although total funds allocated for this program were reluctantly reduced to \$66,000. Limited resources plus the Board's desire to support other worthwhile and deserving projects were the reasons for the decrease.
10. In all twenty-four fellowships were provided, including sixteen to dentists taking additional training in order to become dental teachers, two to existent university teachers and six for prospective dental hygiene educators.
11. In my March interim report I indicated that work was proceeding on the review of former fellowship applicants and that at least some information would be available for presentation at our annual Board meeting. In the Advisory Committee Chairman's report he noted that to date sixty-five responses had been received from fellowship recipients and that data on the remainder will be obtained directly from deans of the various faculties. A preliminary review of the data reveals that forty-one recipients of CFDE support are now full-time (thirty-three) or half-time (eight) members of Canadian dental faculties. Fifteen more teach part-time. In addition it is clear that the great majority of recipients continue teaching beyond the termination of their commitment to CFDE. This preliminary scrutiny of the data suggests that CFDE's granting policy has been both realistic and productive.
12. A grant of \$1,000 was awarded to each of the ten Canadian dental schools. Deans must apply for this grant and supply a detailed accounting of how the funds were used.

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1977

13. CDA's Council on Dental Materials and Devices was awarded a grant of \$2,000. CFDE has been pleased to provide annual assistance for this Council since 1971.

Executive Council requests that this grant be discontinued for 1978. The Board agrees. Funds will be allocated from C.D.A. in lieu of this grant.

14. A grant of \$4,600 was approved to finance ACFD/CDA's 1977 Teaching Conference. Previous annual grants have been for \$3,000. However, this year's meeting has been expanded to two days and the grant was increased accordingly.
15. The FDI/CDA Congress Organizing Committee will receive \$1,300 in support of the lecture program at the World Dental Congress.
16. The Ontario Dental Association received a grant of \$1,500 to help finance the cost of its Dental Health Conference held April 18, 1977.
17. CDA will receive an award of up to \$21,000 in support of its 1977 accreditation program upon receipt of an application detailing all anticipated 1977 expenses.
18. The competitive aspect of the student table clinic program was discussed and while the trustees do not necessarily support its removal as suggested by the students' conference delegates, they agree that any decision in this respect must be made by CDA's Executive Council and Council on Education or the newly formed Council on Student Affairs. An estimated amount of \$4,000 was approved for this year's program.
19. A grant of \$3,600 was approved to finance this year's students' conference and the expenses of the student representative's attendance at CDA's Council on Education meeting.
20. An amount of \$2,000 was paid early this year to help finance the 3rd International Congress on Cleft Palate and Related Craniofacial Anomalies held in Toronto.
21. It is expected that income from the Lorne E. MacLachlan Endowment Fund will be approximately \$4,000 and, as directed, this amount will be divided equally between the Universities of Toronto, McGill and Dalhousie.
22. It is anticipated that a dental hygiene workshop conference will be held this year and a grant of \$800 was approved for this purpose.

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1977

23. Early this year the Toronto Hospital for Sick Children Foundation advised CFDE that an amount of \$46,000 had been approved for the continuance of the research project started at the University of Toronto in 1975. Purpose of the research is to provide clinical benefits in the treatment of congenital malformations and mandibular fractures and it is estimated that the 1977 expenses will be \$41,000.
24. You will be pleased to know that the aforementioned awards total \$161,800 or 30% more than in any previous year.

10TH BIENNIAL CONFERENCE ON DENTAL RESEARCH AND EDUCATION

25. Although this conference will not be held until June 1978 in London, Ontario, an application for support was submitted to this year's annual meeting on the basis that it would permit adequate forward planning. I am pleased to report that a grant of \$10,000 was approved to support this meeting in 1978.

Executive Council is unaware that C.D.A. is no longer a sponsor of the Biennial Research Conference and recommends to the Board that we continue our co-sponsorship. The Board agrees.

FUND RAISING:

26. While many new records were established in 1976, as mentioned in our annual report, there is no room for complacency because the Fund like everything else is caught in today's inflationary spiral. We intend, therefore, to actively seek even more and larger contributions from both new and old sources in the current year so that we can provide an even greater measure of assistance to dental education and research than ever before.

CDA-CFDE AD HOC COMMITTEE

APPENDIX 1

27. In my interim report last March, I made reference to the Committee's first meeting held February 7, 1977, in Toronto. The draft report of this meeting was, as agreed, put on the agenda for discussion at the trustees annual meeting. In order to ensure equal presentation of his draft report to both parties (CDA and CFDE), the Committee Chairman, Dr. Carl Dexter, kindly agreed to attend part of CFDE's annual meeting. The trustees welcomed Dr. Dexter and appreciated the opportunity of discussing with him in detail the CDA-CFDE relationship and in particular his draft report of the first Ad Hoc Committee meeting.
28. The Chairman of CFDE's Board of Trustees was authorized to communicate to Dr. Dexter the recommendations and comments of the trustees on the draft report, their understanding of the course of action to be followed later this year as well as the Executive Director's general comments on the Capital Fund Campaign.

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1977

29. All of this information was enclosed with my letter of April 15, 1977, to Dr. Dexter, and while I have had no response at the date of writing this report (June 1), I have no doubt that Dr. Dexter will be forwarding a revised report in the near future. I am pleased with the progress made so far by the Ad Hoc Committee and am optimistic that satisfactory solutions to all problems will be worked out.

The Board extends its thanks to Dr. Neilson and the Board of Trustees and to the members of the Ad Hoc Committee of C.F.D.E. for the very honest, open and frank discussions.

RESIGNATIONS AND APPOINTMENTS

30. Board of Trustees: The following trustees' first three-year terms of office expired this year and all are eligible for a second and final three-year term: Dr. James A. Guest, Dr. W. Kenneth Martin and Dr. Basil M. Plumb.
31. It is my pleasure to inform you that these gentlemen have served CFDE well during the past three years and I strongly recommend that their reappointment be ratified.

RESOLVED:

That the Board of Governors appoint the recommended nominees as above.

ADOPTED

Council appreciates this suggestion, but wishes to draw attention to the relevant paragraph in the C.F.D.E. Deed of Trust which states:

- (3) *The undersigned Trustees shall be the original Trustees and shall act in that capacity until their successors are appointed by the Board of Governors of the Canadian Dental Association.*

RESOLVED:

That the above motion be rescinded.

ADOPTED

32. Advisory Committee on Fellowship Selection: The Chairperson of this important Committee is appointed for a non-renewable term of up to three years and individual members are appointed for a maximum non-renewable term of three years. In accordance with this policy Dr. Alain Vaillancourt of the University of Montreal attended his first Committee meeting on April 7 of this year. At the same meeting Dr. David T. Zack of the University of British Columbia completed his

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1977

32. term of office and a resolution was passed recording the Trustees' appreciation of Dr. Zack's valuable services. I am most pleased to report that Dr. Wilfred A. Cotter of the University of Saskatchewan has now been appointed to the Advisory Committee and will attend his first meeting in 1978.

1976 OPERATIONAL DEFICIT

33. I should perhaps have mentioned earlier in my report that total expenditures in 1976 exceeded total income by \$4,267. This situation arose largely because, on the recommendation of our auditors, office furniture and equipment purchases of \$5,682 were expensed rather than capitalized in 1976. However, I do want to assure you that the CFDE Trustees are ever mindful of the need to operate on a balanced budget and over the years have successfully achieved this objective. May I also remind you that as a charitable organization CFDE is required by law to spend 90% of its annual income.

CDA GRANT TO CFDE

34. I would like to again express thanks for CDA's contribution of \$500 in 1976 and assure you that the National Association's tangible support of our programs is both encouraging and helpful in our efforts to attract money from other sources. Naturally we are hopeful that it will be continued and, if possible, increased in 1977.

APPRECIATION

35. I think we of the profession can take great pride in the achievements of CFDE and as Chairman it is my pleasure and privilege to present this report to the CDA Board of Governors.

RESOLVED:

That the C.F.D.E. report, embodying the suggestions emanating from the Ad Hoc Committee be adopted.

Respectfully submitted,

J.W. Neilson, D.D.S
Chairman
CFDE Board of Trustees

June 1, 1977

C.F.D.E.

CANADIAN FUND FOR DENTAL EDUCATION

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 1976

Thorne
Riddell
& Co.

CHARTERED ACCOUNTANTS

AUDITORS' REPORT

To the Board of Trustees of
Canadian Fund for Dental Education

We have examined the statement of financial activities and the analysis of functional expenditures of the Canadian Fund for Dental Education for the year ended December 31, 1976. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances, except that it was not practicable to extend our examination of support receipts beyond accounting for such receipts as recorded.

In our opinion, except for the effect, if any, of any adjustments that might have been required had it been practicable to extend our verification of support receipts, these financial statements present fairly the financial position of the Canadian Fund for Dental Education as at December 31, 1976 and the results of its transactions for the year then ended in accordance with accounting principles as described in note 1, applied on a basis consistent with that of the preceding year.

Toronto, Canada
January 27, 1977

Thorne Riddell & Co.
Chartered Accountants

CANADIAN FUND FOR DENTAL EDUCATION

STATEMENT OF FINANCIAL ACTIVITIES

YEAR ENDED DECEMBER 31, 1976

	<u>1976</u>	<u>1975</u>
Revenue		
Support receipts		
Dental profession	\$ 54,149	\$ 41,201
Dental organizations	7,517	9,268
Dental hygienists	1,104	897
Foundations	14,848	30,428
Business and industry	56,473	53,920
In memoriam	9,052	7,797
Sundry	<u>2,212</u>	<u>2,841</u>
	145,355	146,352
Investment income	<u>44,257</u>	<u>35,007</u>
	189,612	181,359
Functional expenditures	<u>193,879</u>	<u>179,599</u>
EXCESS OF REVENUE OVER EXPENDITURES (expenditures over revenue)	(4,267)	1,760
Capital fund contributions	<u>7,200</u>	<u>7,270</u>
	2,933	9,030
FUNDS ON DEPOSIT AND INVESTED, BEGINNING OF YEAR	<u>416,885</u>	<u>407,855</u>
FUNDS ON DEPOSIT AND INVESTED, END OF YEAR	<u>\$419,818</u>	<u>\$416,885</u>
Consisting of		
Cash	\$ 22,960	\$ 7,524
Term deposits - due within one year	35,000	
- due after one year	6,000	36,000
Bonds (quoted market value 1976, \$61,105; 1975, \$58,670)	68,239	68,239
Mortgage receivable (note 2)	300,000	300,000
Accrued interest	<u>4,962</u>	<u>5,122</u>
	437,161	416,885
Less accrued expenses	<u>17,343</u>	
	<u>\$419,818</u>	<u>\$416,885</u>
These assets are allocated as follows:		
General funds - allocated for special purposes	\$ 629	\$ 13,862
- unallocated	<u>120,632</u>	<u>111,666</u>
	<u>121,261</u>	<u>125,528</u>
Endowment funds		
Canadian Dental Hygienists Association	3,500	3,500
War Memorial Fund	10,614	10,614
Toronto Academy of Dentistry - Crown and Bridge Study Club	5,000	
Capital fund		
General	234,443	232,243
Lorne E. MacLachlan endowment	<u>45,000</u>	<u>45,000</u>
	<u>298,557</u>	<u>291,357</u>
	<u>\$419,818</u>	<u>\$416,885</u>

CANADIAN FUND FOR DENTAL EDUCATION

ANALYSIS OF FUNCTIONAL EXPENDITURES (Continued)

YEAR ENDED DECEMBER 31, 1976

	1976			1975
	Dental Education and Research	Program Services	Management and Fund Raising	Total
Operating expenses				
Salaries and related expenses		\$10,055	\$30,164	\$ 40,219
Printing and promotion		896	8,067	8,963
Office supplies and expenses		272	2,447	2,719
Office rental		962	2,886	3,848
Staff travel		603	1,807	2,410
Cost of furniture and equipment		1,421	4,261	5,682
Trustee and advisory committee travel		889	2,667	3,556
Professional services			2,050	2,050
		<u>15,098</u>	<u>54,349</u>	<u>69,447</u>
	<u>\$124,432</u>	<u>\$15,098</u>	<u>\$54,349</u>	<u>\$193,879</u>
				<u>\$179,599</u>

CANADIAN FUND FOR DENTAL EDUCATION

ANALYSIS OF FUNCTIONAL EXPENDITURES

YEAR ENDED DECEMBER 31, 1976

	1976			1975
	Dental Education and Research	Program Services	Management and Fund Raising	Total
Teaching and Research				
Fellowship Awards	\$ 55,172		\$ 55,172	\$ 61,661
Unrestricted Grants to				
Dental Schools	10,000		10,000	12,500
Biennial Dental Research				
Workers Conference	10,000		10,000	
Student Table Clinics	3,640		3,640	4,015
Council for dental				
materials and				
devices	2,000		2,000	2,000
Dental Students Conference	5,500		5,500	5,189
Dental Teaching Conference	3,000		3,000	
International Association				
of Dental Students				
Conference				500
Canadian Dental Nurses				
and Assistants Association				
Conference	300		300	
Ontario Dental Association				
Conference on Dental				
Auxiliaries				2,500
Douglas Gow Fund				1,410
Lorne E. MacLachlan Endowment	4,680		4,680	4,149
Canadian Congress of Dentistry				
for Children				1,000
Canadian Dental Association				
Special purpose grant				5,000
Canadian Dental Hygienists				
Association Workshop	2,650		2,650	
Alexandra Park Community				
Health Centre	750		750	
Accreditation Survey Program	13,975		13,975	13,807
University of Toronto				
Centennial Program				5,725
University of Toronto				
Research Project	12,765		12,765	5,166
	<u>124,432</u>		<u>124,432</u>	<u>124,622</u>

CANADIAN FUND FOR DENTAL EDUCATION

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 1976

1. ACCOUNTING POLICY

It is the policy of the Canadian Fund for Dental Education to follow generally accepted accounting policies, except that the cost of furniture and equipment is expensed in the year incurred.

2. MORTGAGE RECEIVABLE

During the year, the 10% first mortgage receivable from the Canadian Dental Association due November 5, 1976, was renegotiated as a second mortgage with an interest rate of 12% subject to annual review. This mortgage is due February 28, 1981.

Ad Hoc C.D.A.-C.F.D.E. Joint Committee - 1977Report to:

C.D.A. Board of Governors
C.F.D.E. Board of Trustees

Terms of Reference:

C.D.A. Transactions 1976, Page 28 "Resolved - That an Ad Hoc Committee be formed by the Executives of C.D.A. and C.F.D.E. to discuss the relationship between C.D.A. and C.F.D.E. and to submit a report to the Executives of both bodies".

General:

The Committee met in February 1977, following which the chairman drafted an Interim Report which he presented to the Board of Trustees of C.F.D.E. and the Executive of C.D.A.

The Committee met again in July 1977 to consider the Interim Report and a position paper from the C.D.A. and the C.F.D.E. relative to the recommendations contained in the Interim Report.

Observations:

- 1) The C.D.A. has expressed its intention to retire the mortgage held by C.F.D.E. as soon as possible pending their financial position at the end of 1977.
- 2) The C.D.A. has further expressed a desire to fund its various activities from its own resources.
- 3) The extent to which C.F.D.E. is able to support various dental education oriented projects and/or assist in furthering dental education is directly related to income.
- 4) The main objective of both C.D.A. and C.F.D.E. is to have a healthy and effective Fund for Dental Education in Canada. C.D.A. and C.F.D.E. can be proud of the present stature of the C.F.D.E.

Suggestions

- 1) That C.D.A. favourably consider retiring the second mortgage held by C.F.D.E. early in 1978.
- 2) That the C.D.A. will make every effort to fund its own projects and activities.

Ad Hoc C.D.A.-C.F.D.E.
Joint Committee - 1977
Page 2

- 3) That the C.F.D.E. will in a formal manner, based on merit and within the terms of the Deed of Trust, continue to entertain applications for funding of C.D.A. projects or those channelled through C.D.A.
- 4) That the C.F.D.E. will continue to present an Annual Report, including an Audited Statement, to C.D.A.
- 5) That the Deed of Trust of C.F.D.E. will remain basically as it presently reads.
- 6) That C.D.A. and C.F.D.E. by way of appropriate announcement, will consider informing the general membership of the retirement of the C.D.A. mortgage held by C.F.D.E. This announcement could be made independently and preferably simultaneously.

Recommendation:

That the C.D.A and the C.F.D.E. consider the foregoing suggestions in their deliberations relative to their future years' activities.

Respectfully submitted,

Carl E. Dexter
Chairman

CED/bld

Committee:

Mr. Stan Tebbutt
Mr. Alex Currie
Dr. Jack Neilson
Dr. Rod Moran
Dr. Lindsay Mussells
Dr. Carl Dexter

Mr. Murray McDonald
Mr. Lloyd Stevenson

CONSTITUTION AND BY-LAWS

CONSTITUTION AND BY-LAWS

MEMBERS: H.R. MacLean, Edmonton, Chairman; P.S. Christie, Halifax;
W. Heaslip, Toronto; M. Tenenbaum, Montreal

REPORT

MEETINGS

1. No meetings of the Council were held during 1976-77.

EXECUTIVE COUNCIL

2. "After 40 years of practice, or at the age of 65, a dentist who is presently a member of the CDA shall become a life member and is no longer required to pay associate or any dues and that the Council on Constitution and By-Laws be asked to consider this as a category of membership."

CARRIED

Comment - Life Membership

- a. Suggest substitute for 'practice' - 'service to the dental profession' - many give service who do not actually practise, e.g. teachers, registrars, researchers, public health, DVA.
- b. Question 'or at age of 65' - this is a retirement category, a few have never practised after graduation, others for less than ten years.
- c. 'Upon application' - membership should not be automatic, but should be initiated by the recipient. Accepted custom in ACD, ICD, and academies. If requested it should be contingent to approval by Executive Council.

Accordingly the following resolution is proposed:

Resolved

That Article V - Membership - be amended as follows:

Section 5 Life Members

RESOLVED:

That life members shall consist of those dentists, who after forty years of service to the profession, or, having attained the age of sixty-five years, and who are presently members of The Canadian Dental Association, whose applications for life membership have been approved by the Executive Council.

ADOPTED

CONSTITUTION AND BY-LAWS

Article V Section 5-7 should be renumbered Sections 6-8.
And further be it resolved:

Article VI Privileges of Members
Section 5 Life Members

RESOLVED:

A life member shall be entitled to receive a certificate of life membership and a complimentary subscription to the Journal of the Canadian Dental Association. He shall be entitled to attend scientific meetings under the auspices of the Association without payment of a registration fee. A life member shall not be assessed any regular Association grants or dues. A life member shall not be entitled to vote on any question arising at any meeting of the members of the Association.

ADOPTED

Article VI Sections 5-7 should be renumbered Sections 6-8.

3. The Board of Governors, March 9-10, 1977, requested a By-Law amendment to change the name of the Finance Committee to the Management Committee.

Accordingly, the following resolution is proposed:

RESOLVED:

That Article IX Section 6 be amended as follows:

Delete "Finance Committee" in the title and the first line and substitute "Management Committee" in the title and first line.

ADOPTED

4. Composition of Executive Council

At the March 9-10, 1977 interim meeting of the Board of Governors, a notice of motion was made as follows:

RESOLVED:

That Article XI Section 2 be deleted and the following substituted:

"The Executive Council shall consist of the President, immediate Past-President, President-elect and six additional members. The President-elect and six additional members shall be elected by the Board of Governors from its membership. The place of residence at the date of the Annual Meeting shall determine the province from which a candidate has been drawn. The six additional members shall consist of one representative each from the following regions:

CONSTITUTION AND BY-LAWS

- a) Province of British Columbia
- b) Province of Alberta
- c) Provinces of Saskatchewan - Manitoba
- d) Province of Ontario
- e) Province of Quebec
- f) Provinces of New Brunswick, Nova Scotia, P.E.I., Newfoundland."

(9 in favour, 14 opposed) DEFEATED

Executive Council disagrees and recommends the following alternative motion as recommended by the Ad Hoc Committee on the Composition of Executive Council at its April 18, 1977 meeting in Ottawa:

RESOLVED:

The Ad Hoc Committee on the Composition of the Executive Council recommends deletion of Article XI Section 2 and substitution of the following:

"The Executive Council shall consist of the President, immediate Past President, President-elect and six additional members. The President-elect and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is a Governor at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members should, if possible, consist of one each from the following regions:

- a) Province of British Columbia
- b) Province of Alberta
- c) Provinces of Saskatchewan - Manitoba
- d) Province of Ontario
- e) Province of Quebec
- f) Provinces of New Brunswick, Nova Scotia, P.E.I., and Newfoundland."

(Executive Council agrees.)

DEFEATED

(14 in favour, 9 opposed, Dr. Chicoine abstained.
Defeated due to lack of 2/3rds majority)

Following a recess, a motion to reconsider was presented.

RESOLVED:

That Item 4, Page 3 be reconsidered.
(21 in favour, 2 opposed)

ADOPTED

COUNCIL ON STUDENT AFFAIRS:

5. In response to a recommendation from the Council on Education, the Board at the Interim Board Meeting amended and then approved the following motion:

CONSTITUTION AND BY-LAWS

That a Council on Student Affairs be created with appropriate amendment to the Constitution.

The Council on Student Affairs shall consist of five members as follows: the Student Governor, the Chairman of the upcoming Canadian Dental Students' Conference and three student nominees from C.D.S.C.

Accordingly the following resolution is proposed:

RESOLVED:

That Article XIV be amended as follows:
Section 1 Councils and Committees

a) Councils - add "Student Affairs"

The Board agrees.

Section 4 Terms of Reference for Councils

j) The Council on Student Affairs shall consist of five members as follows: The Student Governor, The Chairman of the upcoming Canadian Dental Students' Conference and three student nominees from C.D.S.C.

It shall be the duty of the Student Affairs Council

- 1. To report, at least annually, to the Board of Governors on students' interests and activities.*
- 2. To be responsible for the effective organization and conduct of the Annual Canadian Dental Students' Conference.*
- 3. To recommend on policies bearing on student members' involvement in national and international dental student affairs.*
- 4. To encourage and promote membership in the Association by Canadian dental students.*

The Board agrees.

6. COUNCIL ON DENTAL MATERIALS AND DEVICES

APPENDIX "A"

The Board of Governors, 1976T75, approved the addition of a Council on Dental Materials and Devices.

Accordingly the following resolution is proposed:

RESOLVED:

That Article XIV be amended as follows:
Section 1 Councils and Committees

a) Councils - add Dental Materials and Devices.

CONSTITUTION AND BY-LAWS

Comment - Although a three page report was given by the above Council last year (1976T98) no terms of reference have been formulated.

The Board agrees and recommends that a copy of the terms of reference be forwarded to the Chairman of the Council on Dental Materials for updating and subsequent submission to the Council on Constitution and By-Laws.

The present terms of Reference are attached as Appendix A.

7. CANADIAN SOCIETY OF DENTISTRY FOR CHILDREN

In response to a request from the Society, the Board approved the following motion at the Interim Board Meeting:

RESOLVED:

That the Canadian Society of Dentistry for Children be granted group status with CDA.

ADOPTED

Accordingly the following resolution is proposed:

RESOLVED:

Sections and Groups

Article XV Section 1 following sections - under the heading 'Groups' that an addition be made - The Canadian Society of Dentistry for Children.

The Board agrees.

RESOLVED:

That the Board expresses its appreciation to Dr. MacLean for his report and his service to the Association.

ADOPTED

RESOLVED:

That the report of the Council on Constitution and By-Laws be adopted.

ADOPTED

TERMS OF REFERENCE

COUNCIL ON DENTAL MATERIALS & DEVICES

- (1) *To act in an advisory and consultative capacity for evaluation of such materials and devices ordinarily employed for the maintenance, correction and restoration of oral function.*
- (2) *To develop Canadian specifications for dental materials and devices in liaison with the C.S.A., and through the Standards Council of Canada with I.S.O.*
- (3) *To develop a program for testing, evaluation, acceptance and certification in Canada.*
- (4) *To call upon consultants for assistance and advice on matters applying to a product which are beyond the Council's competence.*
- (5) *To establish ethical guidelines for advertising)
and/or demonstration of any and all materials)
and devices employed in dental procedures, falling)
within the jurisdiction of this committee.)*

(This duty has been assigned to the Committee on Product Acceptance by the Interim Board, see Page 2 of the Council on Information Services).

- (6) *To report on a regular basis to the Council on Research (Executive Council) and through it to the CDA Journal, such information it considers to be of interest and importance to the dental practitioner.*

REPORT TO THE
BOARD OF GOVERNORS
ON THE
CANADIAN DENTAL ASSOCIATION
COUNCIL ON DENTAL MATERIALS AND DEVICES
1976 - 1977

* * * * *

COUNCIL MEMBERS - 1976/1977

CHAIRMAN - Dr. D.C. Smith, Faculty of Dentistry, University of Toronto
Dr. R.Y. Barolet, Ecole de Medecine Dentaire, Universite Laval
Dr. P. Desautels, Faculte de Chirurgie Dentaire, Universite de Montreal
Dr. D. Gau, Faculty of Dentistry, University of Alberta
Dr. L.N. Johnson, Faculty of Dentistry, University of Western Ontario
Dr. P.T. Williams, Faculty of Dentistry, University of Manitoba

Non-Members Usually Invited to Attend Meetings

Dr. R.W. Campbell, Office of Medical Devices, Dept. of National Health & Welfare
Dr. T. Curry, Department of National Health and Welfare
Dr. J. Stanford, Council on Dental Materials, American Dental Association
Dr. P. Blais, Dental Materials, Division of Medicine, Bureau of Medical Devices.

DENTAL MATERIALS

As mentioned in the last report, the Council has now undertaken to meet twice a year which it did on December 10th, 1976 and June 17th, 1977. The Council members have also been involved in the Canadian Standards Association Committee for Dentistry which had its inaugural meeting on April 27th, 1976 and a further meeting on December 9th, 1976, and in the Canadian Advisory Committee on ISO/TC/106 which met on December 8th, 1976. The Chairman is also a member of the C.S.A. Steering Committee on Health Care Technology which had meetings October 21st and 22nd, 1976. The Chairman also attends, by invitation, the biannual meetings of the American Dental Association Council on Dental Materials. Involvement in these outside committees in addition to the work of the Council has involved Council members in a considerable workload. In this regard, the Council on its promotion from the status of a Committee by the Board of Governors of the Canadian Dental Association, was authorized to increase its membership (which it has undertaken) and to set up a Committee structure.

The Council has continued to be extensively involved in the establishment of a Standards Programme for Canada and the necessary activities involved with the formulation and revision of existing international and national dental standards.

With respect to the international standards effort, members of the Council are actively involved in the working groups and task groups of the International Standards Organization Technical Committee for Dentistry and ISO/TC/106 - Dentistry. This work involves the Secretariat of the working group on Filling Materials and membership of the other working groups on Prosthetic Materials, Dental Instruments and Equipment, and Dental Terminology. Representations have also been made with respect to standards relating to Radiology and Dental Syringes and Needles. At the Task Group level, members of the Council are also involved in the actual writing of dental standards in the areas of Endodontic Materials, Dental Cements, Amalgam, Dental Porcelain, Impression Materials and Casting Gold Alloys, in addition to a number of other areas. The standards which are generated by these international efforts are forwarded for consideration to the Canadian Advisory Committee of ISO/TC/106 which is made up of members of the Council and then to the C.S.A. Committee on Dentistry whose nucleus is also formed by the Council.

At the inaugural meeting of the Canadian Standards Association Technical Committee on Dentistry, which is to deal with all matters pertaining to dental standards at the national level, it was agreed to set up four working groups to parallel the ISO organization in order to allow easy consideration of proposed standards. This Committee has a fairly broad basis of representation which is given in Appendix 1 together with the minutes of the meetings which have been held. The minutes show that the Committee is actively moving forward in the four areas of Filling Materials, Prosthetic Materials, Terminology and Dental Instruments and Equipment, and formulation of Canadian Standards on selected items is proceeding at the present time. The Committee has discussed the allocation of priorities to the formulation of dental standards and also the needs for financial support in the formulation

APPENDIX I

DENTAL MATERIALS

and implementation of the standards effort. In this regard it was considered that particular attention should be given to standards on Filling Materials and also to those on Terminology in view of the concern with bilingual labelling requirements in Canada.

The C.S.A. Technical Committee on Dentistry reports to the C.S.A. through the Steering Committee on Health Care Technology and it should be noted that under this Committee are other groups in which Dentistry has an interest, namely the Committees on Implants, X-Rays and Anaesthesia equipment. The C.S.A. Committee on Dentistry holds a watching brief on these areas.

On the international scene, members of the Council attended the 12th Plenary meeting of ISO/TC/106 Dentistry and its working groups, held in Paris in October, 1976. As mentioned earlier, Canada has the Secretariat of working group 1 on Filling Materials and the work is undertaken by Dr. D. Gau whilst Dr. D.C. Smith is Chairman. This international committee is now undertaking a great deal of standards work and there are a considerable number of documents to consider throughout the year and at the annual meeting. It was noted that there are at present 22 draft standards awaiting circulation for the voting process. A summary of the many activities of this Committee may be seen in Appendix 2, which is a report of the meeting in Paris. An invitation has been made by the Standards Council of Canada to hold the meeting for 1977 in Ottawa immediately following the F.D.I. meeting in Toronto. The Chairman and members of the Council have been involved in arrangements for the meeting together with the staff of the Standards Council of Canada. This will be the first occasion that the meeting has been held in Canada and it is expected that there will be a large attendance at the Government Conference Centre in Ottawa. In connection with the attendance at these meetings, it should be noted that the Standards Council of Canada has declined to increase its subsidization formula from that of last year and therefore the C.D.A. Council on Dental Materials has met through its budget additional living costs incurred by members in attendance at these Standards Organization meetings.

APPENDIX

A fruitful liaison has continued to be maintained with the Medical Device Bureau of the Health Protection Branch of the Department of National Health and Welfare through Dr. R.W. Campbell. As a result of representations made by the President of the C.D.A. on behalf of the Council, a section on Dental Materials has now been set up within the Bureau which is headed by Dr. Pierre Blais, who together with Dr. Campbell has been active in attending meetings of the Council and of the various Standards committees. This has enabled the Council to have first hand knowledge of problems existing within the Bureau and to provide advice on several situations. It is also proposed to provide input in relation to research and standards priorities within the area of reference of the Council. It is hoped to suggest accepted Standards to the Bureau which can be incorporated into the regulations under the Food and Drugs Act regarding dental materials and devices.

DENTAL MATERIALS

In continuation of the co-operation of the Council with the Bureau, the Chairman will participate on behalf of the C.D.A. in an international conference on Medical Devices to be held in Ottawa, June 14th-16th, 1978. This conference is co-sponsored by the Medical Device Bureau and the Association for the Advancement of Medical Instrumentation. Dr. Smith will speak on "Concerns and Needs of the Dental Profession in the Area of Medical Device Legislation".

As mentioned in the last Committee report, the application of the new regulations on Medical Devices which came into operation on April 1st, 1976, creates a number of areas of difficulty for the dental profession and trade especially in relation to the provision of materials and devices to the patient and advertising of materials. This has resulted in an increased workload of the Council in relation to advising on Consumer Advertising and Promotional Material for the profession. The difficulties which have specially involved evaluation of claims for therapeutic materials including dentifrices led to an authorization from the Board of Governors, of the C.D.A. to the Council to set up working groups on materials and therapeutics and also to undertake revision of the scheme for the "Seal of Approval". As a result of extensive discussions on this matter, the Council has moved to set up a Committee on Materials which is to be chaired by Dr. Barolet together with Drs. Smith, Jones and Gourley as suggested members. This Committee will deal with claims related to materials. Quite recently, the Board of Governors of the C.D.A., as a result of representations made by the chairman in collaboration with the Council on Information Services, has moved to set up a separate Council on Therapeutics to deal with materials for which a pharmacological benefit is claimed such as dentifrices. The two Councils will collaborate in these areas of advertising and approval for all types of materials and there will be cross representation on the respective bodies. Thus there is now a clear cut division of responsibilities and an expert body from which the Association can obtain information with respect to Therapeutic Materials as well as to Non Therapeutic Materials and Devices. This is a highly desirable development in view of the current situation regarding the Medical Device Regulations.

RESOLVED

That the CDA Board of Governors directs the Executive Council, in conjunction with the Chairman of the Council on Dental Materials and Devices, to undertake negotiations with the Ministry of National Health & Welfare to revise the regulations respecting medical devices.

ADOPTED

The Council has also at the request of the Board of Governors undertaken the administration of the Canadian Dental Research Award Programme. A sub-committee has been set up chaired by Dr. P. Desautels and the recommendation will be forthcoming this year under the auspices of the Council.

DENTAL MATERIALS

Following the change in editorship of the C.D.A. Journal the question of a renewed and more frequent programme of commentaries and publications on materials and devices in the Canadian Dental Journal has been discussed with Dr. Turnbull, the Scientific Editor. A list of new titles has been prepared for publication and it is expected that outside consultants in addition to the members of the Council will be involved in this activity.

At the December 10th meeting of the Council, it was resolved that Dr. J. D. Gourley (Montreal) and Dr. D. Jones (Halifax) be invited to join the Council and to be members of the Committee on Materials. These invitations were accepted and these members attended the June 17th meeting of Council.

At the latter meeting, further extensive discussion occurred concerning the role of the Committee on Materials, the C.D.A. policy on advertising and the Seal of Approval scheme. Members were made aware of the activities of the Committee on Product Acceptance by Dr. Barolet. After prolonged debate the Council passed by a majority the following resolution:-

RESOLVED:

"THAT THE COUNCIL ON DENTAL MATERIALS AND DEVICES DOES NOT SUPPORT THE CONCEPT OF A "SEAL OF RECOGNITION" PROGRAMME AT THIS TIME, BUT WOULD ASSIST IN FORMING POSITIONAL STATEMENTS REGARDING VARIOUS MATERIALS, DEVICES OR SUNDRY PROPRIETARY ITEMS AS THE NEED ARISES."

The Board shares the concern about the Seal of Recognition program and appreciates the assistance of this Council in helping to examine the whole program.

The Chairman was asked to explain the views of Council underlying the resolution at the Board of Governors meeting.

Dr. P. Desautels, chairman of the C.D.R.F. Award Committee, announced that Dr. C.E. Smith had been recommended for the Award.

The Council also discussed at length the questions of dental standards and the Medical Device legislation. Note was taken of Dr. Smith's paper to the Medical Device Conference and a draft reply to the Medical Device Bureau in response to an earlier letter questioning the safety of dental amalgam. It was agreed that a close liaison with the Medical Devices Bureau should be maintained and the formation of an advisory panel was suggested to Dr. Campbell. In order to obtain modification in the Medical Device legislation which would meet the needs of the dental profession and trade, it was suggested that a one-day meeting should be held in September with the Medical Device Bureau.

Information on other matters discussed by Council is contained in the attached copy of the minutes of the June 17th meeting.

The activities of the Council are becoming increasingly complex and encompassing a wider and wider area as has been recognized by the elevation of the Committee to a Council by the Board of Governors of the C.D.A.

Unfortunately, the number of Council members remains small in relation to the paperwork which has to be dealt with and the range of activities which must be supported, and it is hoped that the increase in membership of the Council, which will necessitate additional financial involvement, can be supported.

In this regard, the Council heard with pleasure that the Canadian Fund for Dental Education was pleased to renew its grant of \$2,000 in support of the activities of the Council.

Executive Council requests that this grant be discontinued for 1978.

The Board agrees and notes that funds will be forthcoming from C.D.A. in lieu of this grant.

The Chairman wishes to thank the members of Council and the C.D.A. staff, especially Ms. M. Hideg, for their continued support.

The Board agrees with the Executive Council recommendation that the Council on Dental Materials and Devices be appointed as an interim measure until the terms of reference can be incorporated into the Constitution & By-Laws, (see Appendix A, Constitution & By-Laws Report).

RESOLVED

That the Board expresses to Dr. Smith and his Council, its appreciation of their diligence and their efforts in attempting to help resolve the question of the Seal of Recognition.

ADOPTED

RESOLVED

That the report of the Council on Dental Materials and Devices be adopted.

ADOPTED

CANADIAN STANDARDS ASSOCIATION
REXDALE

CSA TECHNICAL COMMITTEE ON DENTISTRY

MINUTES OF MEETING 1 (1-76) .
HELD ON TUESDAY, APRIL 27, 1976
IN CSA CONFERENCE ROOM 2

Members Present:Representing:

D. C. Smith (Dr.) (Chairman)	University of Toronto, Toronto
R.Y. Barolet (Dr.)	Universite de Laval, Quebec
R.W. Campbell (Dr.)	Dept. of National Health & Welfare, Ottawa
T. Curry (Dr.)	Dept. of National Health & Welfare, Ottawa
P. Desautels (Dr.)	Universite de Montreal, Montreal
J.L. Fair	Canadian Standards Association
D. Gau (Dr.)	University of Alberta, Edmonton
L.N. Johnson (Dr.)	University of Western Ontario, London
H.M. King	Cdn. Association of Dental Exhibitors
W.J. Latchem	Beaver Dental Products Ltd., Morrisburg, Ont.
L. McCance (Mrs.)	Canadian Dental Hygienists' Association
B. Monk	Denturist Society of Canada
J.M. Stefani (Mrs.)	Consumers' Association of Canada
S. Sweet	Ont. Commercial Dental Laboratory Conference
H.S. Wood (Major)	Department of National Defence, Ottawa
G.P. Allen (Secretary)	Cdn. Standards Association, Rexdale, Ont.

Visitor:

D. Smith Beaver Dental Products Ltd., Morrisburg

Members Absent:

G. Grignon	Canadian Ass. of Manufacturers of Medical Devices
L. Jones (Associate)	Canadian Ass. of Dental Exhibitors
D.A. Skinner (Mrs.) (Alternate)	Consumers' Association of Canada
P. T. Williams (Dr.)	Indianapolis, Indiana, U.S.A.

Minute

1Chairman's Remarks

Dr. Smith called the meeting to order at 9:30 a.m. and welcomed all who were in attendance. He expressed appreciation for the large turnout and asked each representative to introduce himself. The Chairman briefly noted the Committee's terms of reference and indicated that they would be reviewed in more detail during the course of the meeting.

Minute

2Acceptance of the Agenda

The agenda was accepted on a motion by Dr. Desautels and Mr. Sweet.

Minute

3CSA Technical Committee on Dentistry

Minute

3.1Relationship to Standards Steering Committee and Standards Writing Organizations

Referring to an organizational chart similar to that attached to these Minutes, Mr. Fair explained the relationship between the Technical Committee on Dentistry and the other levels of organization within the CSA. It was noted that the Standards Policy Board (SPB) is primarily concerned with the establishment of Standards Steering Committees (SSC's), each of which oversees a number of technical committees which report to the SSC on a regular basis. Both the SSC and the technical committees have a balanced matrix of user, producer, regulatory and general interest representatives carefully selected to ensure that no interest group gains pre-eminence and so unduly influences a committee decision. As the name implies, technical committees are responsible for the technical content of all standards which they produce.

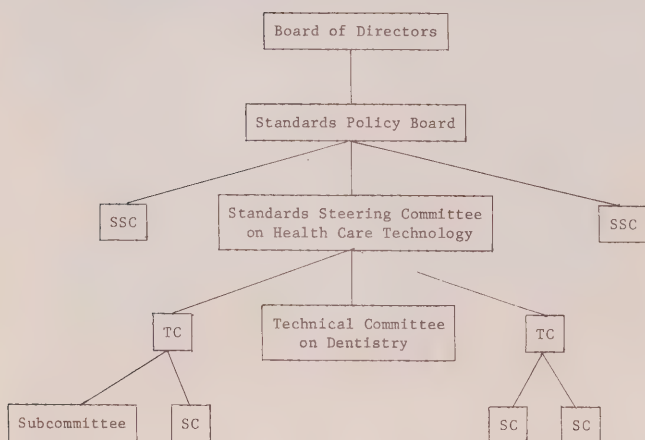
A handout entitled Technical Committee Start-Up was distributed at the meeting and is enclosed for those not present.

Mr. Fair went on to say that the Standards Council of Canada serves as a co-ordinating body for Canadian standards-writing organizations (SWO's). The CSA is one of 6 SWO's which are presently accredited to prepare Canadian national standards.

On the international scene, Dr. Smith noted that world dental standards were originally prepared by the FDI, an international federation of dentists which employed material primarily obtained from the ADA in the preparation of standards. With the advent of ISO/TC 106 a collaborative relationship was organized with

the FDI. In 1975, the FDI agreed to confine its activities primarily to the clinical area of dentistry while the ISO assumed responsibility for the technical content of dental standards. However, until the formation of the CSA Technical Committee on Dentistry, this country has had no method of bringing forward national standards for Canada. This Committee also participates as the Canadian Advisory Committee (CAC) to ISO/TC 106.

ORGANIZATIONAL CHART



Minute3.2Committee Structure

Members reviewed the Committee terms of reference (enclosed for those not present) and noted that it provided for participation in the Canadian Advisory Committee of ISO/TC 106, Dentistry. In view of the fact that ISO activity is firmly established, it was agreed that the structure of this committee should parallel that of the ISO as much as possible to ensure prompt attention to all matters of concern to both TC 106 and this committee. It was noted that 6 working groups presently exist in TC 106, their names and Canadian representatives as follows:

- (a) ISO/TC 106/WG1 Filling Materials, Drs. Gau & Smith;
- (b) ISO/TC 106/WG2 Prosthetic Materials, Dr. Johnson;
- (c) ISO/TC 106/WG3 Terminology - Dr. Desautels;
- (d) ISO/TC 106/WG4 Instruments - Mr. Latchem;
- (e) ISO/TC 106/WG5 Classification of Equipment
- Dr. Barolet; and
- (f) ISO/TC 106/WG6 Working Place of the Dentist -
Dr. Barolet

Members observed that the FDI took primary responsibility for questions of clinical practice (ie. WG 5 & 6) while the ISO looked after matters of a technical nature. Therefore, it was agreed on a motion by Dr. Gau and Mrs. McCance that this committee should initially organize 4 subcommittees, corresponding in title to those given to WG1 through 4. A motion by Dr. Campbell and seconded by Dr. Curry, made the Canadian representatives to these working groups the Chairman of the same CSA subcommittees. In the case of the Subcommittee on Filling Materials, Dr. Gau agreed to chair their meetings.

It was noted that subcommittees do not normally have a balanced matrix and members are selected for their expertise, not to represent their companies, associations, etc.

Minute3.3Committee Membership

There was no need expressed for additional technical committee members at this time.

Minute

3.4Committee Terms of Reference

Members examined the committee terms of reference but appeared satisfied with their content. The committee terms of reference are attached for those not present.

Minute

3.5Reimbursement of Members' Expenses

A CSA document entitled "Guidelines for Administering Committee Travel Costs" was distributed and is attached for all those who were absent.

Mr. Fair noted that the allocation of certain limited monies for defraying travelling expenses is designed to respond to the needs of those committee (and subcommittee) members who do not have access to travel funds provided by their company, society, etc. As there are 13 technical committees (and many more subcommittees) in the Health Care Technology Program, support can be provided to only a small number of individuals. However, to date, the needs that have arisen, have been met from this allocation and it is expected that this will continue to be the case.

The committee agreed that the following position should be put on record:

- (a) If a CSA application is made to the SCC for financial support, this committee will support that application; and
- (b) It is concerned that members of this committee and its subcommittees do not have to draw upon their own financial resources to attend CSA meetings.

Minute

4Committee Program Forecasts

Members examined the lists of ISO standards and draft standards and agreed that initial attempts should be made to review these documents to determine their acceptability as CSA standards.

Members

It was also agreed, on a motion sponsored by Drs. Johnson and Barolet, that in order to maintain continuity and to ensure progress is recorded, that this Technical Committee meet at least once a year.

Secretary
H.S. Wood

Members noted the varied fields of standardization in which the CSA Health Care Technology program is involved and suggested that they be provided with a list of those subjects in order that duplication of effort is avoided (see attached). Major Wood was similarly asked to provide a list of standardization areas in which the Canadian Armed Forces is involved.

Dr. Campbell referred to the Medical Devices Regulations and noted that the Bureau of Medical Devices is fully prepared to mandate standards if it sees fit to do so. However, at this point in time, the Bureau is primarily interested in test methods which would demonstrate a medical device's safety or efficacy.

Dr. Campbell also stated that the Bureau is presently attempting to identify a person to take charge of a section within the Bureau responsible for dental devices. This person will be asked to review ISO, CSA and other appropriate standards to determine if they or portions thereof could be used by the Bureau in their attempt to regulate dental devices.

Minute
5

Review of International Standards

Rather than review the ISO standards one by one in the Technical Committee, it was agreed that detailed examination of the documents should first take place in the appropriate subcommittees.

However, it was noted that the preparation of vocabulary lists and French equivalents appropriate for Canadian use may require some time. Some questionable definitions and French equivalents were identified during the meeting and other members noted the absence of some important definitions for terms and occupations. Members are requested to provide Dr. Desautels with lists of terms which have been omitted and if possible, a suggested definition for each term.

Members

Minute
6

Other Business

No other business was discussed.

Minute
7

Next Meeting

It was proposed that the next meeting of this committee be held sometime before the date of the ISO/TC 106 conference to be held in Paris in October. The Chairman will advise members of the exact date of the meeting.

Minute
8

Adjournment

The meeting adjourned at approximately 14:15 hours.

TERMS OF REFERENCE OF TECHNICAL COMMITTEES

The technical committees presently organized under the Standards Steering Committee on Health Care Technology are listed below together with a statement of the terms of reference which are taken from the Committee Directory (May 1975), with modifications authorized by the Executive Committee and the Chairman's name.

1. Committee on Medical Gas Systems - (Dr. D. Pelton)

(a) The preparation of new standards and revisions to existing standards which have as their object:-

(i) Reducing hazards which may arise from the use of medical gas under pressure and from the improper use of a medical gas;

(ii) Providing for a uniform interface between medical gas piping systems and equipment utilizing medical gases;

(b) Maintaining liaison with committees dealing with technologies using medical gases including CAC/ISO/TC-121.

2. Committee on Child Resistant Packaging for Drugs - (Dr. A. Dyer)

The preparation of standards and revisions to existing standards covering the performance requirements and the method of test of the child resistant effectiveness and adult use effectiveness of packages. This will primarily apply to packaging for dispensed drugs, but may also be applied to packaging for other substances which should not be accessible to children.

3. Committee on Environmental Control in Hospitals - (Mr. A. Van Den Kerkhof)

The preparation of new standards and revisions to existing standards which have as their object establishing criteria for the construction and maintenance of health care facilities to achieve a health promoting environment.

4. Committee on Equipment for Radiology and Nuclear Medicine - (Dr. W.M. Zuk)

The preparation of new standards and revisions of existing standards for equipment used in the healing arts (including dentistry) for diagnostic and therapeutic procedures in radiology and nuclear medicine. Also, functioning as the Canadian Technical Subcommittee (CSC) for related matters originating in IEC/TC-62 and/or its subcommittees

5. Committee on Electrical Installations in Health Care Facilities - (Mr. J.A. Hopps)

(a) The development of standards which have as their object requirements which are peculiar to the needs of health care facilities:-

(i) For the types or features of electrical systems or electrical equipment installations in respect to considerations of reliability, performance and safety; and

(ii) For safety practices associated with the use of electrically operated equipment in patient care areas.

(b) Functioning for related matters as the Canadian Technical Subcommittee (CSC) for IEC/TC-62 and/or its subcommittees.

6. Committee on Anaesthetic Equipment and Respiratory Technology - (Dr. G.M. Wyant)

The preparation of new standards and revisions to existing standards for equipment used for the induction of anaesthesia and for equipment used in assisting or maintaining respiration. Also, functioning as the Canadian Advisory Committee on ISO/TC-121, Anaesthetic and Medical Breathing Machines and/or its subcommittees.

7. Committee on Electromedical Equipment - (Mr. J. Cross)

The preparation of standards for the safety and performance of electromedical equipment, and functioning as the Canadian Technical Subcommittee for matters originating in IEC/TC-62 and/or the subcommittees insofar as these relate to the subject matter of "Electromedical equipment" which is assigned by the Standards Steering Committee.

8. Committee on Biomedical Laboratory Technology - (Dr. D. Campbell)

The preparation of new standards and revisions to existing standards which have as their objective a reduction of error in biomedical laboratory determinations, the safe use and handling of hazardous materials, and the establishment of performance requirements for equipment, instruments and procedures used in the biomedical laboratory.

10. Committee on Technology for the Handicapped - (Mr. W.A. Stewart, P.Eng.)

The preparation of new standards and revisions to existing standards which have as their objective the enhancement of the usefulness of prosthetic and orthotic devices and other equipment to handicapped persons, and maintaining needed liaison with related CSA committees.

11. Committee on Sterilization - (Mr. A.P. Ruffo, P.Eng.)

The development of standards for equipment and methods used in sterilizing processes, and for methods (other than a sterilizing process) by which it is assured that instruments, devices, implants, for example, are sterile at the time of use in patient treatment; and the maintenance of liaison with the Committee on Environmental Control in Hospitals in matters of common concern.

12. Committee on Implant Materials - (Mr. J. Gams)

The preparation of new standards and revisions to existing standards for materials and devices intended to be implanted in the human body, with the object of minimizing patient hazards arising from the materials themselves, and the maintenance of any necessary liaison with CAC/ISO/TC-150 and the Committee on Sterilization.

CANADIAN STANDARDS ASSOCIATION
REXDALE

Technical Committee on Dentistry

Minutes of Meeting 2(2-76)
Held on Thursday, December 9, 1976
in CSA Conference Room 3

Members Present:Representing:

Messrs. D.C. Smith (Dr.) (Chairman)	University of Toronto
R.Y. Barolet (Dr.)	Universite de Laval
J.F. Begin (Dr.)	Department of National Defence
T. Curry (Dr.)	Department of National Health and Welfare
P. Desautels (Dr.)	Universite de Montreal
D.J. Gau (Dr.)	University of Alberta
H.M. King	Canadian Association of Dental Exhibitors

Minute

3Approval of Minutes of Meeting 1(1-76)

Drs. Curry and Barolet moved that the minutes be accepted.
The motion was carried.

(Secretary's Note: The Secretary is to send a copy of the
Minutes of Meeting 1(1-76) to Mr. Latchem)

Secretary

In respect to Minute 4 from the minutes of the last meeting, Lt. Col. Begin pointed out that the Canadian Armed Forces are not directly involved in the preparation of standards. The Forces do not have laboratories to conduct lab tests but instead rely upon clinical trials or evaluations to determine the acceptability of a product.

Minute

4Subcommittee Reports4.1 Subcommittee on Filling Materials - Dr. Gau

Dr. Gau briefly reviewed the membership of his Subcommittees and offered to provide the Secretary with the mailing addresses of these persons. He mentioned that a short survey of the topic of filling materials had raised a number of concerns which he presented to the Committee, as follows:

- (a) Because of the method of preparation of an ISO standard and the large number of people involved in compiling requirements for the standard, there is considerable time delay between the initiation and completion of an ISO standards writing project. Consequently, if the CSA decides to await the completion of an ISO standard, there could be an appreciable delay in producing national standards for this country. However, it should also be recognized that the ISO is forced to compromise on some issues in order to achieve a consensus. These compromises may be considered unacceptable insofar as the Canadian scene is considered. Dr. Gau wondered if other standards writing organizations might be in a position to provide material suitable for Canadian standards.
- (b) The whole area of marking requirements calls for further clarification. Though it is mandatory to disclose certain information, marking regulations, because of their nature, may not in all cases specifically require the disclosure of certain information which some might consider essential; and

- (c) There is a need to determine priorities for standards writing projects within the field of filling materials. Dr. Gau questioned whether some information could be obtained regarding approximate rankings or if available, volumes, of filling materials sold in Canada.

Members pointed out that in the case of item (a), a considerable number of dental standards have been produced by various national bodies. However, ISO dental standards are primarily based upon ADA standards which, it would appear can be relatively easily modified to suit the Canadian situation. Though laboratory facilities to conduct independent tests on certain materials are for the time being, not available because of cost, it may be found that certain relatively well known tests can be adapted for use in dentistry. For example organizations such as the American Chemical Society (ACS) may have prepared test methods which could be used to determine the purity of filling materials (e.g. dental mercury).

MEMBERS

Labelling requirements, especially those related to bilingualism, elicited considerable response. Members questioned whether regulations of the Dept. of Consumer & Corporate Affairs applied to dental products but this could not be positively ascertained. Members also noted labelling procedures in Europe where a variety of languages are commonly used.

The need for expiry dates on appropriate products was discussed but most seemed to feel that variations in handling, storage, etc. rendered the use of such dates of questionable value. It was suggested that disclosure of the date of manufacture of a product was of more use to a potential purchaser.

Dr. Blais commented that consideration should be given to the need for a labelling standard. Such a standard might include requirements for acceptable dating codes to be used with products, the use of indicators on product labels to show that, for example, proper storage procedures have been followed, etc. Federal and provincial regulations should also be reviewed to assure that conflicts or needless repetition of requirements do not occur. Dr. Blais offered to prepare a brief report on these matters for future committee discussion.

BLAIS

GAUKING

Discussion of item (c) revealed that if Dr. Gau was prepared to submit to Mr. King a list of the filling compounds upon which the Subcommittee on Filling Materials was considering preparing standards, the Canadian Association of Dental Exhibitors (CADE) would probably be willing to rank same in terms of the volumes of these materials sold in Canada annually.

4.2 Subcommittee on Prosthetic Materials - Dr. Johnson

A written report was not received from this Subcommittee and as Dr. Johnson could not be present, the Committee moved on to other business.

4.3 Subcommittee on Terminology - Dr. Desautels

Work is progressing rapidly on this project and it is expected that a draft standard will be available before the time of the next Technical Committee meeting.

CURRYFRENCH

Dr. Curry and Mrs. French offered to provide information from the CCDO (Canadian Classifications and Dictionary of Occupations) which might prove helpful. Dr. Blais also suggested that recent legislation in Quebec related to the health professions should be examined.

REPORT OF THE MEETING OF ISO/TC/106 - DENTISTRY, PARIS, OCTOBER, 1976

The Twelfth Plenary meeting of ISO/TC/106 - Dentistry, was held at AFNOR, Paris, on Friday, 8th October, 1976. The meeting was attended by approximately forty-eight delegates coming from fifteen countries and representatives from the Federation Dentaire Internationale. The meeting was chaired by Dr. J.W. McLean (United Kingdom) and Mr. A.S. Atkinson (B.S.I., United Kingdom) represented the Secretariat.

In addition to considering the position of work within the Technical Committee and various policy matters, the meeting also considered reports from the five ISO/TC/106 Working Groups which had met during the four days preceding the Plenary meeting.

Opening of the Meeting

In opening the meeting, the Chairman referred to the increasing volume of work which was being undertaken by the Technical Committee and its constituent working groups and remarked that this was a tribute to the spirit of international collaboration which had developed over the preceding years in the Technical Committee. He felt that this augured well for the future since there was certain to be an increased demand for standardization in the field of Dentistry because of the legislation relating to Medical and Dental Devices and Materials which had come into force or which was pending in a number of countries.

Position of Work in ISO/TC/106

In reviewing the position of work within the Technical Committee the Secretary pointed out that there were twenty-two draft standards presently either awaiting circulation for the voting process or which were in the process of circulation at the present time. Thus a large number of draft standards would be issued in the coming year as soon as these administrative processes had been completed and the necessary revisions been undertaken. Each Working Group had a considerable number of items in process of preparation as draft standards. The procedure of allocating the work within the remit of each Working Group to Task Groups for the specific items had proved beneficial in speeding up the drafting process. Good progress was also being made in the Joint Working Groups with the F.D.I. The carboxylate cement draft had been forwarded to Geneva and active work was continuing on root canal instruments, biological testing and toothpaste abrasion testing. As these Working Groups completed their programme, the work would be transferred to the appropriate ISO/TC/106 Working Group in accordance with the previous agreement with the F.D.I. Further details of the report of the position of work can be found in document ISO/TC/106 325.

Reports from the Working GroupsWorking Group 1 - Filling Materials

The Chairman reported that satisfactory progress was now being made in WG1 following some difficulties associated with the transfer of the Secretariat to Canada. The four Task Groups which had been set up to deal with respectively: zinc oxide eugenol materials, endodontic materials, standardization of testing procedures and fissure sealants and acid etch systems had produced preliminary documents for discussion which had been reviewed in detail at the present meeting. It had been recommended that draft standards be produced in each of these fields. Additionally, in view of the accumulation of new information on restorative materials it had been decided to establish further Task Groups to review the question of standards for phosphate bonded cement and new amalgam alloys. Five resolutions were presented for consideration by the Plenary session relating to these matters. These resolutions were adopted unanimously by the meeting, bearing in mind an observation by M. Laplaud from France that an opportunity to comment should be given to all the member body countries in addition to the members of the Task Group. The Chairman assured M. Laplaud that there would be adequate opportunity for comment by all interested parties.

Working Group 2 - Prosthodontic Materials

The Chairman, Mr. J.O. Semmelman (U.S.A.) reported that thirty delegates attended the Working Group representing ten countries. Two standards for synthetic resin teeth and for elastomeric impression materials were presently with the ISO Central Secretariat. The Working Group had divided into seven Task Groups which had met during the preceding week. These Task Groups were as follows:

1. Ceramics - which was working upon a standard for porcelain denture teeth and a revised draft for dental porcelain powders.
2. Base metal alloys - which was revising the first draft proposal.
3. Investment materials - which was revising a very detailed draft standard.
4. Gypsum - which was in progress of revising a second draft.
5. Stability - which had proposed a protocol for exchange testing of samples and it was anticipated testing would be completed during 1977.
6. Elastomeric impression materials - which had discussed thoroughly a revised draft of the standard during the present meeting.

A new Task Group, Task Group 7, Dental Gold Casting Alloys had begun revision of ISO/R1562

The future work programme of the Working Group would be the completion of these various draft standards and future consideration of existing ISO standards. A resolution was proposed to the Plenary session that the proposed draft international standard for dental porcelain powders be accepted after editorial revision for mail ballots. This was accepted by the Plenary session.

Working Group 3 - Terminology

M. Laplaud, the Chairman of the Working Group, reported that detailed discussions had been held in a number of areas of terminology. The supplementary list, document N320, had been reviewed in the light of certain comments of an editorial nature and will be sent to the Secretariat of the Technical Committee for voting. The terms used in soldering were once again discussed and agreement had been reached on the detailed nature of the terms to be used in this area. There were no discussions of the terms relating to mixing and working times because of the full agenda at the present meeting. However, agreement was reached upon English and French designations of rotary instruments and these will be sent forward to the Secretariat for voting except for those related to discs which will be studied further.

There was also discussion on the definition of terms relating to prosthetic attachments.

The new business consisted of the definition of terms relating to the lighting of the dental operatory. The Working Group presented eight resolutions to the Plenary session concerning these various matters and the future programme of the Working Group. All these resolutions were approved with slight amendment.

Working Group 4 - Dental Instruments and Equipment

The Chairman, Mr. Lange, (Germany) reported that twenty-eight participants attended the meeting representing seven national member bodies. The Working Group was made up of seven Task Groups:

- (1) Dimensions of Dental Rotary Instruments
- (2) Bur Strength
- (3) Performance
- (4) Hand Instruments
- (5) Numbering System
- (6) Coupling Dimensions between Handpieces and Micromotors
- (7) Handpieces

Joint FDI ISO/TC/106 Working Groups

The Chairman of the FDI Commission on Dental Materials, Instruments, Equipment and Therapeutics, reported that good progress was being made in each of the remaining Joint Working Groups. Joint Working Group 1 had finalized documents on nominal sizes, dimensions and colour coding of barbed broaches and rasps and on paste carriers and these had been submitted to mail ballot. The formulation of a combined document on the dimensions of silver and gutta percha points is being continued.

In the Joint Working Group with ISO/TC/42 on Intraoral Dental Radiographic film the comments on the draft international standard DIS 3665 have been reviewed and a revised document has been prepared which has been transmitted to the ISO Central Secretariat. Dr. Stanford remarked that in this connection, the Joint Working Group between the F.D.I. and IEC/62 on dental radiology, has made recommendations on x-ray equipment in the 40-100 k.V. range for approval by the two committees. Future work will be the responsibility of IEC/62.

Joint Working Group 3 has revised a number of the previously existing International specifications and the revisions are being circulated for member body voting. Some standards have been reaffirmed. All future action on these standards will be undertaken by the appropriate Working Group of ISO/TC/106.

Joint Working Group 4 for carboxylate cement has accepted a final draft of the proposed standard which has been forwarded to the Secretariat for mail ballot.

Joint Working Group 6 on biological testing met during the meeting and continued its discussion of the complex question of appropriate simple biological tests. Disagreement still exists on the appropriate tests to be applied, both for general toxicity and for usage tests. However, an ad hoc committee has been appointed to prepare guidelines for use as soon as possible.

The Joint Working Group 8 on dentifrice abrasion is still in the process of carrying out comparative testing of various dentifrice abrasives.

Dental Syringes and Needles

Under agenda item 8, Dr. Stanford brought forward a proposal for a Joint Working Group between the F.D.I., ISO/TC/106 and ISO/TC/84. The latter Technical Committee was responsible for syringes for medical use and needles for injections. The F.D.I. had made a proposal to it for a Joint Working Group to deal with the matter of dental syringes and needles. After discussion the meeting approved participation with the FDI in a Joint Working Group with TC/84 on the stated subject and further agreed to accept the Secretariat of such a group if it were offered.

Task Group 1 had discussed detailed comments received on DIS 3823 - Dental Rotary Instruments and had recommended proposals to the Working Group for dimensions, tolerances, etc. which were accepted.

The Working Group had decided on the date of January 1st, 1980 for the introduction of reduced tolerances. DIS 3823 will be sent to TC/106 Secretariat to be published as an ISO Standard. Task Group 1 also considered proposals for the dimensions of finishing burs and for diamond rotary instruments and submitted these proposals as draft standards to the Working Group.

Task Group 2 is still considering a draft specification and developed a new proposal for further deliberation.

Task Group 3 considered the results of many tests on a collaborative basis during the last year and agreed upon the new conditions for further tests.

Task Group 4 continued its consideration of general specifications for dental hand instruments especially with respect to designation of the angle of the cutting instruments. The present work was concentrated on explorers and probes, instruments for filling and carving, scalers and chisels and excavators. New proposals are being prepared in these areas.

Task Group 5 considered some amendments to the numbering system which had been agreed on and an advisory panel was set up to deal with all questions concerning the introduction of a numbering system.

Task Group 6 discussed the letter ballot concerning the ISO 3964 Dental Handpieces and the problems which had arisen with possible patent infringements. This matter appeared to have been resolved after discussion.

Task Group 7 discussed proposals for Dental Handpieces which had been submitted by the U.S. and Germany. A preliminary agreement had been reached on several points and further data was required for a future revision.

The Plenary session agreed to the draft standards on finishing burs and diamond rotary instruments going forward for publication as draft ISO Standards.

Working Group 6 - Working Place of the Dentist

The Chairman of the Working Group is M. Chovet (France). Delegations were present from eight countries. The main subject for discussion at the meeting was a proposed standard for the dental operating light. The discussions concerned the different lighting zones in the dental operatory, the lighting intensity required and the colour temperature values. There was also discussion on the anthropometric dimensions for use in the standard for the dental operating chair; certain terms were referred to Working Group 3 for definition and clarification.

There were no propositions requiring approval by the Plenary Session.

Dental x-ray film

Also under 8 of the agenda, Dr. Schoenmakers, (Netherlands) commented on problems with ISO/TC/42 in relation to the Standard on dental x-ray film in which there was a clash with an existing standard regarding the determination of film sensitivity. The Secretary explained the situation and said that this will be resolved in due course.

Brief Minutes and Statement of Results

There being no statement of results or brief minutes in view of the one day duration of the meeting, the Secretariat announced that they would be circulated as soon as possible.

Closure of the Meeting

In his closing remarks the Chairman enquired as to the possibility of the 1977 meeting being held in Canada. Dr. Smith replied that a proposal had been made to the Standards Council of Canada and negotiations were in progress. The Chairman welcomed the possibility that the next meeting may be held in Canada and said they would be most pleased to receive such an invitation. The Chairman also reminded those countries who had not yet hosted a meeting of ISO/TC/106 of their responsibilities in this matter and hoped that this would be raised by the delegation with their country's official bodies, so that the arrangements for the next few years could be planned as far in advance as possible.

There being no other business, the Chairman closed the meeting thanking the delegates for their attendance and the Secretariat for its assistance and looking forward to an equally successful meeting in 1977.

D.C. Smith
Chairman
C.A.C. ISO/TC/106

COUNCIL ON DENTAL MATERIALS AND DEVICES

June 17, 1977

M I N U T E S

The Council on Dental Materials and Devices met at C.D.A. Headquarters in Ottawa on Friday, June 17, 1977.

PRESENT: D.C. Smith (Chairman), Toronto
P.C. Desautels, Montreal
D.J. Gau, Edmonton
R.Y. Barolet, Quebec City
J.M. Gourley, Montreal
D. Jones, Halifax
P.T. Williams, Winnipeg
L.N. Johnson, London

By Invitation:

R.W. Campbell, Director, Bureau of Medical Devices,
Department of Health & Welfare, Ottawa
P. Blais, Bureau of Medical Devices, Department of Health
and Welfare, Ottawa

Apologies:

D.K. Peters, St. John's
T. Curry, Health Programs Branch
J. Stanford, A.D.A., Chicago

CALL TO ORDER

1. The Chairman called the meeting to order at 9:30 a.m. on June 17, 1977.

CHAIRMAN'S REMARKS

2. The Chairman formally welcomed Dr. Gourley and Dr. Jones as new members of the Council, as authorized by the Board of Governors in September.

ADOPTION OF AGENDA

3. The agenda was adopted as amended, with the addition of several items.

APPROVAL OF MINUTES

4. Motion: Barolet/Williams

"That the minutes of the December 10, 1976, meeting be approved as circulated."

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Dental Materials
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C.D.R.F. AWARD:

5. Dr. Desautels presented the report of the C.D.R.F. Committee.
6. In response to enquiries requesting names of suitable candidates for the Award, replies were received, giving the names of 36 students who will have completed their theses by September 1977. These students have been contacted and supplied with an entry form and rules and informed that their papers should be submitted by December 1st, 1977 to be eligible for the 1978 Award.
7. Council discussed whether there should be a policy regarding automatic publication of the Award winning thesis in the C.D.A. Journal and also whether the paper should be presented as part of the scientific program at the annual Convention. It was decided that this should be considered on an annual basis in order to determine the relevance of the submission to a particular year's scientific theme.
8. Dr. Desautels was asked to prepare revised guidelines for the Award which would cover these eventualities.
9. The possibility of increasing the present \$500.00 award was considered. Council decided that this matter should be held in abeyance until December, by which time submissions will have been received from the Biennial Conference on Education and Research.
10. Motion: Desautels/Williams:

"That Dr. John Gourley be nominated a member of the
C.D.R.F. Award Committee."

CARRIED
11. Motion: Desautels/Barolet:

"That the 1977 C.D.R.F. Award be made to Dr. Charles E. Smith for his paper "Cellular Renewal in the Enamel Organ and the Odontoblast Layer of the Rat Incisor as Followed by Radioautography Using ³H-Thymidine."

CARRIED

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COMMITTEE ON PRODUCT ACCEPTANCE:

12. Dr. Barolet, on behalf of Dr. Roydhouse, who was unable to attend, outlined the history of the Committee. It was formed three months ago and in view of the volume of work it now faces, the consensus is that it will in all probability become a full Council in the near future.
13. Currently, there are six requests on hand for product acceptance and it is anticipated that there will be a flood of other requests.
14. Dr. Blais stated that the Health Protection Branch would welcome input from the proposed Council and that legal assistance would be available to block advertising of unsuitable products.
15. Dr. Campbell expressed the hope that this Council would be based on Ottawa to allow full liaison between its Chairman and the Health Protection Branch.

SEAL OF APPROVAL PROGRAM:

16. The Chairman summarized three main points arising from considerable discussion on the Seal of Approval program:
 - (1) Should there be a Seal of Approval program or not?
 - (2) Should it be restricted to over-the-counter products?
 - (3) If it is restricted, should there be definite categories, e.g. toothpastes?
17. Motion: Johnson/Gourley:

"That the Council on Dental Materials and Devices does not support the concept of a "Seal of Approval" program at this time but would assist in forming positional statements regarding various materials, devices or sundry proprietary items as the need arises.

CARRIED

(5 in favour Dr. Barolet
opposed. Dr. Desautels
abstained)

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APPROVAL OF ADVERTISING:

18. At present, all advertising containing therapeutic claims is authorized by Dr. D.C. Smith.
19. A copy of the Journal advertising standards was passed to Dr. Barolet for development by the Committee on Materials.
20. It was stated that the Health Protection Branch looks only to the safety aspects of a product and C.D.A. should not assume that because H.P.B. has no adverse comment to make that this rules out further testing.

C.F.D.E.

21. Council read with appreciation a letter from Mr. Murray McDonald, stating that a grant of \$2,000 would be made by C.F.D.E. to the Council on Dental Materials for the fiscal year 1977.
22. Motion: Barolet/Johnson

"That the Council convey its gratitude to the C.F.D.E. for its continued support."

CARRIED

C.S.A. COMMITTEE ON DENTISTRY:

23. It was reported that there had been no further meetings of this Committee and that the next meeting was scheduled during the second week of November, 1977.

COUNCIL PUBLICATIONS:

24. It was reported that three titles mentioned in Minute 30 of the December 1976 minutes are progressing well - Periodontal Dressings by Dr. Compton, High Copper Amalgams by Drs. Desautels and Barolet and Root Canal Sealing Materials by Dr. McComb.
25. Council will continue its activity in this regard and the Chairman will write to each member of Council, requesting him to submit a title in the first instance to allow for editorial planning by Dr. Turnbull.

Minutes
Dental Materials
June 17, 1977

A.D.A. COUNCIL ON DENTAL MATERIALS & DEVICES:

26. The Chairman stated that it was hoped that a written report would be received shortly from Dr. Stanford and that this could be circulated to Council.

INTERNATIONAL CONFERENCE ON MEDICAL DEVICES:

27. The Health Protection Branch wishes to meet with the C.D.A. to discuss the question of medical devices and regulations as they apply to dentistry.
28. The Chairman asked members of Council to study the medical devices regulations before the proposed meeting with H.P.B. in September (September 20 is the proposed date) and to review in their own provinces the situation regarding the control of medical devices.
29. This request was made because it was evident from the recent conference that everyone was unclear as to the division of responsibility between individual provinces and the federal government.

DENTAL AMALGAMS:

30. The Chairman provided a copy of a letter to Dr. Morrison, Assistant Deputy Minister, Department of National Health & Welfare regarding Dental Amalgams. This was written on behalf of Dr. Crompton.

ADJOURNMENT:

31. The meeting adjourned at 4.15 p.m. on June 17, 1977.

COUNCIL ON EDUCATION

MEMBERS: W.H. Feasby, London; E.R. Ambrose, Montreal;
R. Coulombe, Lachine; G.H. Peacock, Saskatoon;
G.A. Freeze, North Vancouver; D.J. Yeo, Vancouver;
G. Perlmutter, Toronto; E.J. Rajczak, Hamilton;
J.D. McLean, Halifax.

R E P O R T

1. The Council on Education met in Ottawa on May 25, 26 and 27, 1977. All members were present with the exception of Dr. G. Perlmutter. Also in attendance were Dr. M.A. Rogers, C.D.A. Accreditation Co-ordinator, Mrs. M. Paquin, representing the Canadian Dental Nurses and Assistants' Association; and Dr. G. Kravis, representing the National Dental Examining Board, Dr. C. Dexter, Executive Council Liaison and the CDA staff.
2. In addition, the following were present for all or part of the meeting:

Dean W.J. Dunn, London; Dean Leung, Vancouver, Dean Lussier, Montreal; Dean Nikiforuk, Toronto; Dean Bennett, Halifax;
Dr. D. Redig, American Dental Association; and Mr. J. Palement, Student Representative.
3. The following persons attended to present reports:

Dr. D. Anderson, Council's representative to the National Cancer Institute; Dr. W. Teteruck, Dental Aptitude Test Committee,
Dr. E. Yen, Chairman of the Committee on Student Affairs.

COMMITTEE ON SURVEY POLICY:

4. Because of the very great significance of Council's activities in respect of accreditation, lengthy and detailed consideration was given to the report of the Committee on Survey Policy. The following is a synopsis of the report and Council's actions, where appropriate:-

Meetings and Membership:

5 (a) Membership

The Committee on Survey Policy consists of:

J.D. McLean, Chairman and Council Appointee; R. Coulombe, Council Appointee; D.R. Gratton, Council Appointee;
A.J. Hannam, Council Appointee; D. Proctor, N.D.E.B.;
S. Claman, R.C.D.C.; G.H. Peacock, Registrars;
M.G. Forgay, C.D.H.A.; Elaine Wesley, C.D.N.A.A.;
K. Bentley, A.C.F.D. and M.A. Rogers, Accreditation Co-ordinator.

COUNCIL ON EDUCATION

(b) Meetings

The Committee on Survey Policy met twice during the past year, January 4, 5 and 6 and March 29, 30 and 31. The meetings included two "reconsideration" meetings, the University of McGill, Dental Undergraduate program and Keewatin Community College Dental Assisting program on March 30, 1977.

Items 1-5 were received as information.

Reports of the 1976-77 Surveys

6. The following categories of approval were awarded to programs in the 1976-77 Council year:

- | | | |
|--|---|--|
| (1) McGill | : | Undergraduate Dental - Approval |
| (2) University of Manitoba | : | Undergraduate Dental - Approval |
| (3) Universite Laval | : | Undergraduate Dental - Provisional Approval |
| (4) University of Manitoba | : | Graduate Program in Periodontics - Approval |
| (5) University of Toronto | : | Postgraduate Program in Oral Surgery -
Provisional Approval |
| (6) Dalhousie University | : | Graduate Program in Oral Surgery - Provisional
Approval |
| (7) Universite de Montreal | : | Postgraduate Program in Paedodontics -
Approval |
| (8) University of Toronto | : | Postgraduate Program in Paedodontics -
Approval |
| (9) University of Toronto | : | Postgraduate Program in Orthodontics -
Approval |
| (10) University of Manitoba | : | Graduate Program in Orthodontics - Approval |
| (11) University of Manitoba | : | Postgraduate Diploma Program in Oral Surgery -
Accreditation Eligible |
| (12) College de Maisonneuve,
Montreal | : | Dental Hygiene - Provisional Approval |
| (13) University of Manitoba | : | Dental Hygiene - Approval |
| (14) Wascana Institute | : | Dental Assisting Program - Approval |

Received as information.

Methodology

7. Council has approved and recommends Board approval of:

- (a) Minimum requirements for approval of an undergraduate program in Dental Hygiene.

APPENDIX 1

The Board agrees.

COUNCIL ON EDUCATION

- (b) Council approves for submission to the Board for approval -

Minimum Requirements for Approval of Graduate/Postgraduate Programs Leading to a Qualification in an Area of Specialization Recognized by the Canadian Dental Association.

APPENDIX

It should be noted that this document has been many years in preparation and has resulted in repeated consultation with the various specialty organizations and the Canadian specialty training programs. This document represents a significant milestone in the development of accreditation standards.

RESOLVED:

That the document "Minimum Requirements for Approval of Graduate/Postgraduate Programs Leading to a Qualification in an area of Specialization Recognized by the Canadian Dental Association be approved, with the exception of the section on Dental Public Health, which is referred to the Council on Education for reconsideration.

ADOPTED

Publishing of Approval Status:

APPENDIX

8. Council recommends to the Board that:

The transactions of the CDA include a list of the internships and residencies which are approved as a result of approval of graduate/postgraduate programs in the dental specialties.

The Board agrees.

Representation of Licensing Bodies on Accreditation Teams:

9. The Committee on Survey Policy has recommended and Council approves the principle of lay representation on both the Council and Survey Policy Committee.

- (a) Council recommends to the Board that:

Membership of the Council be increased by two lay representatives elected by the Board of Governors from nominees submitted by National non-governmental agencies, such as the Canadian Labour Congress and the Canadian Association of Consumers.

The Board recommends that this question be referred to the Ad Hoc Committee on Education.

COUNCIL ON EDUCATION

- (b) Council recommends for Board approval that:

The Council on Education formalize a mechanism to permit Registrar Observership on future survey teams of the Committee on Survey Policy, subject to the prior approval of the schools involved.

The Board then approved the following amended motion:

RESOLVED

That the Council on Education formalize a mechanism to permit Registrar Observership on future survey teams of the Committee on Survey Policy, subject to the prior approval of the schools involved and without financial obligation to C.D.A.

ADOPTED

1977 - 1978 Surveys:

10. (a) Because of the uncertainty attending the appointment of a Survey Co-ordinator, Council has acted as follows:

That if it proves not possible to survey all programs which would normally be resurveyed in 1977-78, programs with the present status of "Approval" be given a one year extension of that status.

The Board agrees.

- (b) With regard to the current emergency, Council has also determined

That during the year 1977-78 the Survey Policy Committee undertake a survey of only those programs which it is absolutely necessary to survey, specifically:

Laval (Oral Surgery)
Seneca College (Dental Assisting)
Malaspina College (Dental Assisting)
University of Western Ontario (Oral Pathology)
University of Manitoba (Periodontics)

unless an arrangement satisfactory to the Committee on Survey Policy with respect to replacement of the present co-ordinator is made by January 1, 1978.

The Board agrees.

COUNCIL ON EDUCATION

- (c) Failing to appoint a co-ordinator has resulted in the following action:

That in the event that a new survey co-ordinator has not been appointed by September, 1977, the Chairman of the Committee on Survey Policy be empowered to appoint the necessary survey teams on an ad hoc basis as they are required.

The Board agrees, subject to the condition that all survey teams acting on behalf of the C.D.A. operate under the direct supervision of a licensed dentist.

(See Para. 6, Page 4, of the Executive Council report.)

Status of Students - Accredited/Non-Accredited Programs:

11. There was discussion regarding students who might be enrolled in an Accredited program which loses its accreditation status before the time of their graduation.

It is recommended that:

Whereas the status of accreditation as awarded to a dental or dental auxiliary program by the Council on Education may be changed during the course of study

Therefore be it resolved -

That a graduate of a dental or dental auxiliary program shall be considered to be from an accredited program if the program from which he/she graduated was on the list of accredited programs of the Council on Education of the Canadian Dental Association as it was in effect during his/her course of studies and that students enrolling in a non-accredited program after the effective date should be informed that the respective program is not accredited and be further informed of possible lack of credential acceptability if upon graduation from such a program, an accredited status has not been granted to the program.

The Board agrees.

Retirement of Present Survey Co-ordinator

12. Council wishes to draw to the attention of the Board the extraordinary services rendered to this Council and to this Association by Dr. M.A. Rogers, Survey Co-ordinator for the past three years. Particular attention is drawn to the diligent, thoughtful and sympathetic consideration Dr. Rogers has given to the work of the Council and for the very significant progress which has been made under his guidance.

COUNCIL ON EDUCATION

The Board agrees and further expresses its appreciation for the service Dr. Rogers has rendered both in the operation of the accreditation program and in the development of it.

The Secretariat was requested to communicate the Board's appreciation to Dr. Rogers.

Accreditation Conference

APPENDIX 4

13. At the request of the Executive Council, the Council on Education has developed and approved for forwarding a proposed new structure for the Council on Education.

Executive Council disagrees with the recommendation and has appointed an Ad Hoc Committee. See Executive Council report, Item 6(b), Page 3 as follows:

(RESOLVED:

That an Ad Hoc Committee with representation from Executive Council and the Council on Education be formulated to look into the restructuring of the Council on Education and that Dr. Carl Dexter be appointed Chairman.

(ADOPTED)

14. In accord with the Executive Council's direction in 1976, Council established an Ad Hoc Committee to develop alternate means of funding accreditation surveys. Accordingly, an Ad Hoc Committee of Council will be submitting a proposal to the House of Delegates of A.C.F.D. The proposal is included here for information.

APPENDIX 5

However, to implement the proposal, the Council on Education recommends to the Board that:

- (1) A standing Grants Liaison Committee be established, consisting of the President of A.C.F.D., the Chairman of the Council on Education and the Executive Director of the C.D.A. for the purpose of reviewing the granting formula and survey fees annually, reporting to the Council on Education and to the Annual Meeting of the House of Delegates of A.C.F.D.

Executive Council disagrees and suggests that a Grants Committee be formulated by the Executive Council. The Board agrees.

- (2) Council recommends that the Board approves the principle of the fee for survey rate being structured so that the institution participating in the A.C.F.D. grant enjoys a fiscal advantage.

The Board refers the matter to the Grants Committee.

COUNCIL ON EDUCATION

ALTERNATE FUNDING

15. Council approved in principle the concepts contained in the report of the Ad Hoc Committee on alternate funding so that the representative on the Council on Education could present the report to the House of Delegates meeting of A.C.F.D. in June, 1977. This is presented for information at this time because the time sequence did not permit either Executive Council or Board Approval prior to presentation to the House of Delegates of A.C.F.D.

Executive Council agrees to the presentation to A.C.F.D. for information purposes only.

RESOLVED

That the Board agrees in principle and refers the matter to the Grants Committee for their consideration.

ADOPTED

NATIONAL HEALTH & WELFARE FUNDING OF ACCREDITATION:

16. Council expressed its concern with the proposal that the Minister of National Health and Welfare be requested to assist with funding for accreditation and indicated that this funding could be a source of embarrassment. Council requests that:

No action be taken on the proposal to seek National Health and Welfare funding until the ramifications can be fully explored.

The Board agrees and refers this matter to the Grants Committee.

CAREER OPTIONS

17. The proposal that a Career Option System be included within the guidelines of Council has been forwarded to the Survey Policy Committee.

The Board agrees to refer this matter to the Survey Policy Committee for development of guidelines to accommodate the implementation of the various levels of training.

This matter was dealt with under Para. 6(a) on Page 3 of the Executive Council report.

ACCREDITATION CO-ORDINATOR

18. Council has discussed the Executive Council's action with regard to the hiring of an accreditation co-ordinator and has communicated directly with the Executive Council for purposes of expediting this appointment.

Received as information.

COUNCIL ON EDUCATION

ORGANIZATION OF COUNCIL

APPENDIX 6

19. Council has acted to complete the appointments under its purview.

Executive Council views with a great deal of concern appointments made to other organizations.

The Council on Education is in no way empowered to make these appointments, and Executive Council wishes to draw attention to the following decision by the Board of Governors (1976T15).

Whereas representation is on behalf of the Board of Governors and is not an appointment by a Council or Committee but is a recommended nominee to the Board, i.e. Executive Council, therefore it is moved that all appointees representing the Canadian Dental Association on committees of external organizations will be chosen by Executive Council and ratified by the Board of Governors.

In particular, it should be noted that Council has reappointed the Committee on Student Membership in order that a hiatus not develop between the meeting of the Council on Education and the establishment of the Council on Student Affairs.

RESOLVED

That the Council on Education has acted to complete the nominations under its purview.

ADOPTED

It should also be noted that the Council has responded to a request from the Council on Information Services to establish a review liaison.

DENTAL APTITUDE TEST COMMITTEE:

20. Council reviewed the report of the DAT Committee and recommends that:

The DAT fee be raised to \$35.00 due to the trend toward fewer tests being administered and also due to the provision of test preparation materials for each candidate.

The Board agrees with this recommendation.

21. Council approved the budget of DAT for forwarding to the Board. APPENDIX 7
Received as information.

22. Re: Workload:

Council wishes to draw the attention of the Board its opinion that:

COUNCIL ON EDUCATION

Oversight of the DAT program is best achieved by the Council on Education and can be accomplished adequately with minimum imposition on Council's time.

The Board refers this matter to the Ad Hoc Committee.

NATIONAL CANCER INSTITUTE:

23. Council received the report of its representative to the National Cancer Institute and has recommended that it be summarized for inclusion in the CDA Journal.

Council also wished to express its thanks to Dr. D.L. Anderson for acting as Council's representative over the past six years.

Received as information.

COMMITTEE ON STUDENT AFFAIRS:

24. Council received the report of the Committee on Student Affairs:

The following two motions are extracts from the minutes of C.D.S.C.'76:

Motion: Mailman/Sweet:

Whereas the C.D.S.C. '76 fully appreciates the need of the N.D.E.B. to establish a capital reserve equal to the annual budget of the N.D.E.B.,

And whereas the N.D.E.B. has previously indicated that a reduction of the certificate fee for graduates of Canadian Dental Schools be enacted when a capital reserve equal to the annual N.D.E.B. budget exists,

And whereas the N.D.E.B. representative to C.D.S.C.'76 had indicated that no reduction of the fee would be considered until the capital reserve is one and a half times the annual N.D.E.B. budget,

Be it resolved

That the Council on Education request its member representatives to the N.D.E.B. to request the N.D.E.B. to set the criteria for the reduction of the N.D.E.B. certificate fee by setting the capital reserve fund equal to the annual N.D.E.B. budget rather than one and a half times the budget.

Carried

(Council (on Education) notes with sympathy the request in resolution 10)
(of the report of the Committee on Student Affairs but on the basis of)
(information presently available, is unable to take action on the request.)

COUNCIL ON EDUCATION

Motion: Mailman/Sweet

Whereas the N.D.E.B. has established the attainment of a capital reserve fund in relation to its annual budget as a pre-requisite for reducing the certificate fee for graduating dental students from Canadian schools,

And whereas the N.D.E.B. representative to C.D.S.C.'76 had indicated that the N.D.E.B. desires to separate the budget of their general account which is concerned with certification of Canadian graduates and the budget of the foreign account which is concerned only with foreign dentist certification

Be it resolved

That the Council on Education request its member representatives to the N.D.E.B. to request the N.D.E.B. to set the prerequisites for reduction of the certificate fee for graduates of Canadian dental schools to be the attainment of a capital reserve fund in relation to only the general budget of the N.D.E.B. and not the total budget of the N.D.E.B.

Carried

(Council (on Education) notes with sympathy the request in resolution 11)
(of the Report on Student Affairs but on the basis of information presently)
(available, is unable to take action on the request at this time.)

The Board understands the intent of these resolutions.

EXECUTIVE COUNCIL LIAISON

25. Council discussed the terms of reference of the Executive Council Liaison Officer as it relates to the in-camera accreditation sessions of the Council on Education and its Committee on Survey Policy (Paras. 39-41, Interim Meeting of the Board of Governors - March 9, 10, 1977.

It is recommended that the terms of reference now read:-

- 41 (4) The Executive liaison person will be an ex-officio member of the Council without a vote on Council but with the right to attend all sessions of Council or Committees and/or Subcommittees including "in camera" sessions with the exception of "in camera" accreditation sessions of the Council on Education and its Committee on Survey Policy.

The Board disagrees with this recommendation and reaffirms the previous terms of reference approved by the Board in March.

COUNCIL ON EDUCATION

TEACHING CONFERENCES

26. The CDA/ACFD Teaching Conference on the topic "Physical diagnosis in Dental Education" was held in conjunction with the ACFD/AFDC House of Delegates meeting in Quebec at Laval in June, 1977.

Considerable discussion illustrated that the joint administration of the teaching conferences is inefficient and confusing. Council again recommends that:

The responsibility for the Annual Teaching Conference be transferred to ACFD provided that:

1. CFDE funding can be transferred, and
2. ACFD continue Discipline-oriented conferences for at least 3 years.

The Board disagrees and stipulates that the Teaching Conference remain under the jurisdiction of the C.D.A.

RESOLVED

That the Board extends its appreciation to Dr. Feasby for his efforts under difficult and sensitive conditions.

ADOPTED

REQUIREMENTS FOR APPROVAL OF AN UNDERGRADUATE DENTAL HYGIENE PROGRAM:

The Council on Education of the Canadian Dental Association is dedicated to maintaining and improving the quality of dental and dental auxiliary education. This Council is recognized by the dental and dental hygiene professions as the official accrediting agency for the dental and dental auxiliary professions, and in addition to the evaluation of professional programs, it encourages program innovation and provides assistance in initial and on-going development.

This document outlines in ordinary type the minimum requirements for approval of a dental hygiene program, and provides in italics the guidelines which should be of assistance in program development and evaluation. Requirements refer to the standards which must be met for a program to be accredited by the Council on Education. Guidelines include more specific information to assist in the interpretation of the requirements. The following areas are described and discussed: Educational Setting, Community Resources, Student Admissions, Program Organization, Resources, Facilities, Curriculum, Research and Continuing Education, and Baccalaureate and Graduate Education.

When a new program is being planned, it is strongly recommended that there be consultation with established dental hygiene programs, the provincial dental hygiene association and the regional advisor of the Canadian Dental Hygienists' Association.

Program planners are also advised to seek accreditation eligible status prior to students being enrolled.

EDUCATIONAL SETTING

The dental hygiene program should be established at a post secondary educational institution which is provincially recognized and offers courses which transfer for credit toward a baccalaureate degree. The institution should have appropriate fiscal, facility, faculty and curriculum resources to establish and maintain the program.

**Dental hygiene programs should be established at institutions which have a faculty of dentistry or have access to the resources of a faculty of dentistry, or at institutions such as community colleges which offer programs in other allied health professions. When the dental hygiene program is not a part of a faculty of dentistry, an advisory committee should be established and maintained. The advisory committee should include dental hygienists and dentists who can provide information and advise concerning dental hygiene practice, manpower needs, and community health programs. Functions of the advisory committee should be defined in accordance with institution policies.*

COMMUNITY RESOURCES

The community where the educational institution is located should have adequate population, professional resources, and community services.

**The location of the institution and the size and nature of the potential patient population should support clinical experience for dental hygiene students on a continuing basis.*

**A sufficient number of general and specialty dentists should be available to provide instruction in the dental sciences, especially when the dental hygiene program does not have access to the resources of a faculty of dentistry.*

**A sufficient number of experienced dental hygienists should be available in the community to meet the needs for part time clinical instructors.*

**Community services such as schools, health centers, hospitals, nursing homes and other agencies should be available to provide program enrichment as well as opportunities for community involvement of dental hygiene students. Program funding should be adequate to provide supervision of students when extramural community settings are utilized.*

STUDENT ADMISSIONS

Admission of dental hygiene students should be based upon specific criteria designed to identify those students with academic potential as well as desirable social, physical and emotional characteristics. Criteria for admissions should include consideration of: successful completion of a high school academic program; high school performance records; post secondary performance records, if available; health status, especially vision; aptitude and interest in a career in the health sciences. Procedures for admissions should be defined by the faculty of the program of dental hygiene in co-operation with appropriate resource persons. Admissions policy, including minimum requirements, criteria and procedures for selection of candidates, mature student admissions, and advanced placement should be clearly defined and readily available to applicants and others. Enrollment should be in proportion to faculty, facilities and financial resources. Recruitment activities should provide an adequate number of qualified applicants on a continuing basis.

**A special committee for student admissions should be appointed. This committee should include representatives from the dental hygiene program as well as other individuals who are qualified to define and evaluate dental hygiene admission procedures and criteria. In addition, the expertise of other resource people should be utilized to assist in the correlation and interpretation of data to determine the predictive validity of admission requirements and selection criteria.*

**Institutions should consider granting advanced standing to students who have successfully completed any studies which are equivalent to specific areas of instruction in the dental hygiene curriculum. Equivalency or challenge examinations may also be used to establish advanced standing.*

PROGRAM ORGANIZATION

The program of dental hygiene should be identified as a recognized school, faculty, division or department of the parent institution. It is expected that the position of the program in the administrative structure will be consistent with that of other comparable programs. There should be provision for direct communication between the program and the parent institution regarding decisions that directly affect the program. It is important that members of the dental hygiene faculty be given the same recognition and opportunities as other faculty members for initial appointment, promotion and tenure. In addition, there should be opportunities for representation and involvement in committee activities outside the program of dental hygiene.

Administration - The program of dental hygiene should have an administrator who has a full time appointment and the responsibility and authority equal to that accorded other administrators conducting comparable programs at the parent institution. The administrator of the dental hygiene program should be a dental hygienist with the experience and educational background to implement the objectives of a dental hygiene program. A dentist with similar background and experience would also be acceptable

**The administrator's responsibilities should include: budget preparations; fiscal administration; curriculum development, co-ordination and review; selection and recommendation of individuals for faculty appointment and promotion; participation in determining admission and promotion criteria and procedures; planning and operation of clinical facilities; selection of extramural facilities; and co-ordination on instruction.*

**The administrator's teaching responsibilities should be less than those of full time faculty not having administrative responsibility.*

**When a program is being planned, the appointment of the administrator should be made far enough in advance of the starting date to allow time for curriculum development, recruiting faculty, preparing facilities, ordering equipment, making clinical program arrangements, and establishing admissions procedures.*

**The authority of the program administrator will be evaluated on the basis of the administrator's ability to achieve program objectives and on the basis of the consistency of the program administrator's position with position of other program administrators in the institution.*

Committees - The program of dental hygiene should establish within its administrative organization, committee (s) to assist with administrative and teaching responsibilities, especially in the areas of curriculum student admissions and student promotions.

**Membership and terms of reference for committees should be defined, recognizing that the parent institution has ultimate responsibility and authority.*

**Whenever possible, committees should include representatives from the dental hygiene faculty, students, and qualified individuals from the parent institution and the dental and dental hygiene professions.*

Faculty - The program of dental hygiene should have a sufficient number of well-qualified faculty members to teach the number of dental hygiene students enrolled and to fulfill program objectives. The faculty should consist primarily of dental hygienists who have full time appointments and are committed to teaching careers, dentists, and other individuals with advanced education and qualifications in basic biomedical, social or dental sciences. Faculty members should have background in and current knowledge of dental and dental hygiene practice as well as specific subject areas. Faculty experience should include teaching or completion of courses in education theory and practice. Individuals who do not have this background should be continuing their education. Faculty who provide pre-clinical and clinical instruction should be competent and experienced clinicians and should be knowledgeable in procedures for the instruction and evaluation of clinical techniques. A licensed dentist should be available for diagnosis, treatment planning, and consultation.

**The total number of faculty members involved in the dental hygiene teaching program should allow for adequate faculty/student ratio in preclinical, clinical, laboratory and classroom instruction session, with reasonable student contact hours and sufficient time for class preparation, student evaluation and counselling, development of subject content and appropriate evaluation criteria and methods, and professional development.*

**The adequacy of the number of full time equivalent faculty will be determined on the basis of the extent to which faculty are able to implement program objectives.*

**A student/faculty ratio of not more than six to one is recommended for clinical instruction and supervision, and for preclinical teaching. For laboratory instruction in dental science courses, the recommended ratio is not more than fifteen to one.*

**The clinical faculty should be encouraged to participate in part time clinical practice.*

**Terms of reference for faculty positions which clearly define responsibilities and privileges should be established.*

**Dental hygiene faculty members should be encouraged to participate actively in program development, co-ordination and evaluation.*

**Dental hygiene programs should not rely on volunteer personnel for course instruction, clinical teaching, or supervision.*

**Supervisors of student enrichment experiences in extra-mural clinics should have qualifications comparable to those providing instruction in the dental hygiene clinic.*

Supportive Staff and Services - The program of dental hygiene should have sufficient supportive staff and services to assist in fulfilling the objectives of the program.

**Adequate secretarial and clerical staff should be available to assist with student and patient records, preparation of teaching materials and other administrative responsibilities such as student admissions.*

**Adequate clinical, maintenance and custodial staff should be available to assume responsibility for maintenance of clinic facilities.*

**Counselling and health services should be available to all dental hygiene students.*

Liaisons - Effective liaisons within the institution and with the dental, dental hygiene and other allied health professional organizations, institutions and agencies should be established and maintained.

**The dental hygiene faculty should be represented on institution committees and consulted on matters which related to and/or affect the dental hygiene program.*

**The program administrator and faculty should establish mechanisms of communication which will ensure they are kept informed and up-to-date on matters relating to and/or affecting the program and dental hygiene practice.*

Financial Operation - The institution's financial resources should be adequate to assure continued support of the dental hygiene program at a level which fulfills program objectives and which satisfies the requirements of both the parent institution and the profession. Adequacy of financial support will be assessed on the basis of current appropriation.

**Institutions are encouraged to make provisions for the acquisition and/or replacement of clinical and laboratory equipment, supplies, reference materials and teaching aids.*

**Annual allocations should be adequate to support innovative changes in the program.*

**Financial support should be available to provide opportunities for professional development of faculty.*

**Allocations for faculty salaries should assure that the program will be in a competitive position for recruiting and retaining qualified and experienced faculty.*

Library - The dental hygiene students and faculty should have access to library facilities which offer a good selection of current reference books and periodicals relating to the dental, dental hygiene and other allied health professions. Additional references should be available for use within the program of dental hygiene.

**The library facilities should be readily accessible to dental hygiene students.*

**Financial resources should be available for the acquisition of new materials and annual subscriptions to periodicals.*

Instructional Media and Materials - The program of dental hygiene should have or have access to adequate instructional media and materials.

**Institution instructional resources should be available to the program of dental hygiene on the same basis as other comparable programs.*

**Facilities and resources for the development and production of instructional aids should be available.*

**The dental hygiene faculty should assess and adjust instructional resources periodically in relation to current concepts of dental and dental hygiene practice and educational methodology.*

FACILITIES

Physical facilities and equipment should be adequate to permit achievement of program objectives and should be assessed periodically in relation to current concepts of education and dental and dental hygiene practice. The adequacy of facilities will be evaluated in relation to the supporting institution facilities and the dental hygiene student enrollment.

**In teaching situations where lectures, laboratories and clinics are held at the same time, physically separate facilities should be available.*

Clinics - Adequate clinic facilities should be available for preclinical and clinical instruction. Minimal requirements for such facilities include: dental units (chairs, lights, operating stools, instrument trays), accessible sinks, space and equipment for preparation, maintenance and/or sterilization of instruments and supplies, radiography facilities (equipment and supplies for exposing and processing dental radiographs), patient waiting room, laboratory facilities (equipment and supplies for performing dental laboratory procedures), and storage.

**A clinic facility capacity equal to one-half the number of students enrolled in a class is considered minimal.*

**If the clinic facility does not accommodate the number of students enrolled in a class, sufficient flexibility in scheduling must be available, and acceptable faculty teaching loads must be ensured.*

**Functional modern equipment which enables the application of current concepts of dental and dental hygiene practice should be available.*

**The design and construction of radiography facilities should provide maximum protection from x-radiation and radiography equipment should be approved and checked on a regular basis. Darkroom facilities should accommodate students' needs for learning processing procedures, and there should be space for students to mount, view, and evaluate radiographs.*

Off Campus Facilities - Although it is recommended that the clinic facilities for the major portion of preclinical and clinical instruction be located within the setting of the educational institution, it may be necessary in some instances for the institution to contract for use of an existing off-campus facility. If this is the case, it is essential that specific requirements for administration, faculty, facilities, patients and instruction be fulfilled and that policies and procedures for operation of the clinic facility be consistent with the philosophy of the dental hygiene program.

**Policies and procedures for operation of the facility should be consistent with the philosophy and objectives of the educational program.*

**A formal agreement between the educational institution and the agency or institution providing the facility should be contracted and confirmed in writing.*

**The contract for an off-campus facility should include clearly defined provisions for renewing and terminating the agreement.*

**The location and time available for use of the facility should not adversely affect scheduling of the dental hygiene program, and the dental hygiene faculty should have authority for scheduling.*

**The dental hygiene program administrator should retain authority and responsibility for instruction and student assignments.*

**Clinical instruction should be provided by the dental hygiene program faculty.*

**In-service training for all personnel involved in the supervision of dental hygiene students should be provided.*

**All dental hygiene students should receive instruction in the facility.*

Dental hygiene programs should be organized so as to encourage student participation in clinical activities associated with community services. Participation should be consistent with and support the achievement of the objectives of dental hygiene program.

**Clinical activities, facilities and equipment in the community services should be assessed periodically.*

Administrative and Faculty Officer - Adequate office space should be available for the dental hygiene faculty, secretarial and clinical support staff. The location and size of offices should be conducive to effective utilization of faculty and staff time and program resources for class preparation and student counselling.

Classrooms - Adequate classroom space, preferably multi-purpose, should be available for didactic instruction. Such space should accommodate lecture and seminar type classes, be equipped to effectively utilize audio-visuals, and be readily accessible to dental hygiene faculty and students.

Laboratories - Adequate facilities, preferably multi-purpose, should be available for laboratory and some preclinical activities. Such space should be adequately equipped, readily accessible and conducive to safe and efficient utilization by dental hygiene faculty and students. If necessary, a science-type laboratory may be utilized provided that the equipment available is adequate and/or modified to fulfill the program objectives.

**Adequate laboratory facilities include one space per student. If laboratory capacity requires more than one section be scheduled, flexibility in timetabling and acceptable faculty loads should be maintained.*

Other - Adequate facilities including locker rooms, washrooms, lounge areas, and food services should be available for the dental hygiene faculty, staff and students. In addition, space should be available for storage of office, clinic and laboratory supplies and equipment, instructional media, student, patient and program files and records.

CURRICULUM

The curriculum of a dental hygiene program should provide the education and training necessary for performing the clinical and professional skills delegated to the dental hygienist by the provincial licensing body and objectives should be defined to reflect current concepts of dental hygiene practice. The curriculum will be evaluated on the basis of the extent to which it fulfills program objectives.

Curriculum planning, development and evaluation should be the responsibility of the dental hygiene faculty and the structure should be based on two academic years of full-time study or its equivalent.

A curriculum outline, including a statement of general goals, should be available.

**The dental hygiene faculty are encouraged to apply innovative approaches to curriculum design and implementation.*

**Curriculum design should allow for advanced placement or credit by examination granted in accordance with institution policy.*

**In planning the curriculum, consideration should be given to the desirability of permitting students to progress at an individual pace, thus providing opportunity for some students to participate in an enrichment program if they have met performance standards specified for graduation in less than two academic years, and providing opportunity for students who require more time to extend the length of their instructional program.*

**Provision should be made for adequate review and revision of the curriculum.*

Content - The dental hygiene curriculum should offer instruction in general studies, basic, biomedical and dental sciences and dental hygiene preparation and practice, and should prepare the students to assume ethical, professional and social responsibilities in society. It is expected that the curriculum content will be at the post secondary academic level and that it will provide maximum opportunity for students to continue their formal education with minimum loss of time and duplication. Objectives and evaluation criteria should be defined for courses.

**Whenever possible, the courses offered by a program of dental hygiene should transfer for credit toward a baccalaureate degree.*

**The curriculum structure should reflect the requirements and educational philosophies of the parent institution.*

Graduation from a program of dental hygiene should be based upon successful completion of a course of study which includes instruction and/or practical experience in the following areas:

General studies: Instruction in subjects such as language, speech, psychology and sociology which provides prerequisite background information necessary for effective personal, professional and social relationships.

Basic sciences: Instruction in subjects such as chemistry and biology which is essential to learning biomedical sciences.

Biomedical sciences: Instruction in subjects such as anatomy, physiology, biochemistry, microbiology, pathology, nutrition and pharmacology which is essential to learning the dental sciences.

Dental sciences: Instruction in subjects such as dental anatomy (tooth morphology), head, neck and oral anatomy, oral histology and embryology, oral physiology, oral pathology, periodontology, oral therapeutics, and dental materials which is essential for dental hygiene preparation and practice.

Dental hygiene preparation and practice: Instruction in subjects such as oral health education, clinical dental hygiene, periodontology, radiography, team dentistry, dental public health, ethics and jurisprudence and other areas of practice as dictated by the provincial licensing body.

Subjects identified in each area need not constitute a separate course but instruction provided should be adequate to fulfill the program objectives and defined evaluation criteria.

Clinical Experience and Evaluation - Dental hygiene students should be provided with sufficient opportunity for development of proficiency in all clinical procedures. Patient assignment procedures should provide experience in all age ranges and should assure a sufficient number of periodontally involved patients to provide adequate clinical experience. In addition, opportunities to observe other facets of the clinical practice of dentistry should be provided. Measurement and evaluation of student performance in clinical practice should reflect the process as well as the end result and the faculty should provide individual instruction throughout clinic practice sessions. Evaluation methods should provide evidence of student progress toward and attainment of proficiency in performing clinical procedures.

**Clinical objectives, competency standards, and evaluation procedures should be defined.*

**Clinical procedures for patients should include: patient evaluation (medical dental and personal histories; examination of the head and neck; examination of the teeth; radiography including exposing, processing and examination of fibres; supplementary diagnostic aids; and appointment planning); oral health education (oral physiotherapy, diet counselling, all aspects of fluoride therapy); clinical therapy as defined by the provincial licensing body or as generally accepted in other provinces (to include expanded functions where applicable).*

**Patients should be adequately screened prior to assignment.*

**Patients, staff and students should be protected by adequate insurance coverage.*

**Total preventive services as indicated by patient evaluation should be provided, and an appropriate system for co-ordinating other dental services should be established and maintained.*

RESEARCH AND CONTINUING EDUCATION

The program of dental hygiene should provide opportunities for faculty and student involvement in research and continuing education both on and off campus, provided that such experience is consistent with and supports the achievement of the objectives of the dental hygiene program. In addition, the concept of continuing education should be endorsed and promoted by both the parent institution and the program of dental hygiene.

BACCALAUREATE AND GRADUATE EDUCATION

Institutions with adequate resources and facilities are encouraged to offer baccalaureate and graduate programs for dental hygienists. In particular, Faculties of Dentistry are encouraged to initiate degree offering programs. One of the major objectives of a baccalaureate degree program should be to provide basic preparation for dental hygienists to assume responsibilities in the areas of education, administration, public health or research and instruction should be oriented towards these disciplines. It is expected that the courses offered in the dental hygiene undergraduate program should transfer toward a baccalaureate degree. In addition, opportunities for graduate studies should be available for those who wish to further pursue their academic endeavors.

MINIMUM REQUIREMENTS FOR APPROVAL OF GRADUATE/
POSTGRADUATE PROGRAMS LEADING TO A QUALIFICATION
IN AN AREA OF SPECIALIZATION RECOGNIZED BY THE
CANADIAN DENTAL ASSOCIATION

(approved by C.D.A. Board of Governors 1969; updated
1971, 1972, 1975 & 1977)

Introduction

The Board of Governors of the Canadian Dental Association adopted the following Requirements for the Approval of a Special Area of Dental Practice:

- "1. The area shall be one for which specially trained dentists are needed to fulfil the profession's responsibility for promoting and improving the health and welfare of the public.
2. The area shall represent a substantial field of practice which calls for special basic science and clinical knowledge and skills requiring study and extended clinical and laboratory experience beyond the accepted undergraduate training in order to perform services of an unusual or difficult nature.
3. The area shall be one in which recognized educational institutions or teaching hospitals have developed a sufficient number of courses so that opportunities for advanced education and experience are available to those seeking programs of education in this special area. The area of practice need not be homologous to that of an undergraduate department in a dental school since such departments are organized to present teaching material and not to define a division of practice.
4. The area shall be one in which public and professional need for such special services calls into existence a reasonable number of practitioners whose knowledge and skills are readily available.
5. The area shall be one in which the dentist refers patients or seeks consultation in order to provide a special health service.
6. The area shall be one in which there is evidence that a significant number of scientific papers and clinics has been presented or in which an increasing number of high quality scientific papers or clinics is being presented."

This definition in effect spells out the minimum educational qualifications which an aspirant for recognition as a dental specialist should possess. Therefore, any educational programs which would qualify a person for recognition as a specialist must, as a minimum, provide this education experience. Hence, approval by the Council on Education of such programs will be based on the fulfillment of these minimum requirements.

It is stressed that the following pertain only to minimum requirements on which approval by the Council on Education shall be based. Agencies responsible for the licensing or certification of specialists may have additional specific requirements applicable to each specialty area recognized by the Canadian Dental Association. It is the responsibility of institutions offering advanced educational programs which lead to a qualification for specialized practice in such areas to ensure that their programs include these additional educational requirements.

Definitions:

GRADUATE PROGRAM: One in which administrative responsibility for the program resides in the university's school of graduate studies.

POSTGRADUATE PROGRAM: A planned sequence of courses, offered at universities, dental schools, associated teaching hospitals and/or other similar institutions designed to provide advanced educational experience, the successful completion of which is recognized by a diploma or certificate. Where institutional policy permits, it may lead to a degree in a professional field, e.g., Master of Dental Science or some similar designation, or it may form part of a more extensive program leading to a degree.

Objectives of Graduate/Postgraduate Education

To increase the overall professional competence of the candidate.

To provide knowledge and experience in depth in a special phase of dentistry and the sciences pertaining to it.

To enhance the candidate's capacity for critical analysis of development in his field of interest, and to encourage continuing self-education

To improve the candidate's ability to correlate activities in his special field of interest with those in allied disciplines.

General Requirements

1. Admission Criteria

Candidates should be graduates from approved dental schools in Canada or the United States or possess equivalent educational background. The applicant's academic standing must be high enough to assure that he will be able to complete the program satisfactorily, and it is suggested that several means be used to evaluate the applicant's qualifications. Among these are personal recommendations, interviews, national board results, academic records, and, in the case of graduates from other nations, a language proficiency examination.

A student may receive advanced standing if the faculty decides that the individual is qualified in a particular subject area.

2. Instructional Objectives

By definition, a graduate/postgraduate program provides advanced educational experience beyond the undergraduate level. It is expected therefore that a significant number of courses will be taught at a greater depth and breadth than in the undergraduate curriculum. Where required for the purpose of improving the student's general background, a minimum number of undergraduate courses may be permitted as part of the program. Since graduate/postgraduate programs should emphasize independent study, the number of required formal courses should not be so excessive as to preclude the possibility of the candidate having unassigned time for library work and self-study.

- (a) Basic Science Instruction: The objectives of basic science instruction should be:

- (i) To provide comprehension in greater scope and depth than achieved in undergraduate education with particular emphasis on fundamental principles and recent advances;
- (ii) To emphasize the interrelationships among the basic sciences and to correlate them with clinical practice;
- (iii) To develop the capacity for objective analysis and critical evaluation of scientific information.

- (b) Clinical Instruction: The objectives of clinical instruction should be:

- (i) To enhance the candidate's diagnostic acumen and clinical judgement in the diagnosis and planning of treatment for conditions more complex than those encountered in the undergraduate experience;

- (ii) To provide advanced clinical experience beyond that normally required of the general practitioner in the management of conditions appropriate to the field of specialization;
- (iii) To provide clinical experience in breadth so as to counteract any tendency toward empiricism or dogmatism;
- (iv) To relate the recommended treatment in the field of specialization to the overall needs of the patient, both dental and general.

3. Faculty

Both basic science and clinical teaching staffs should have unquestioned qualifications appropriate to their field of instruction. This qualification should be based upon completion of advanced educational programs, extensive clinical and/or teaching experience, research and other scholarly productivity, and reputation among peers. A significant number of clinical staff should be certified specialists or possess comparable qualifications. It is recommended that directors of advanced training programs possess adequate post-doctoral training to qualify for a Fellowship of the Royal College of Dentists of Canada, and that they be actively engaged in full-time academics (as defined by the specific institution) or at least four days per week.

Graduate/Postgraduate education should encourage independent study by the student. Therefore, continuous close supervision by the faculty is neither necessary nor desirable. However, it is to be expected that faculty will be available to provide adequate supervision and guidance as the student requires. For this reason, a significant proportion of the teaching staff, especially in clinical fields, should be full-time and be readily accessible to the student. Graduate or Postgraduate programs must have at least one full-time academic staff member who has advanced qualifications in the specialty in which the graduate or postgraduate program is mounted.

4. Facilities

Space should be designated specifically for advanced programs and the facilities should be supplied with modern equipment and instruments. Adequate radiographic and laboratory facilities should be available and in close proximity to the patient treatment area. Properly equipped seminar rooms should be provided. The facilities should permit advanced students to carry out part of their education in a hospital out-patient dental clinic, on wards, and in operating room suites.

Where graduate/postgraduate programs are conducted at institutions which also have an undergraduate dental program, it is to be expected that the demands for classroom, laboratory, seminar, library, clinical and other facilities will not place an inequitable burden on either program. The teaching and supporting staff, the teaching facilities, and the supply of patients should be adequate for the needs of both. There should be available a sufficient supply of patients requiring a wide variety of dental services to provide ample opportunity for training. Patients who are normal, handicapped, retarded, and emotionally disturbed as well, perhaps, as those from less favored socio-economic and well-to-do families should be included. The practice of diverting patients who are suitable and required for undergraduate instruction to fill the needs of the graduate/postgraduate student is especially to be discouraged.

Dental Services of Hospitals utilized in advanced educational programs must be approved by the C.D.A. Council on Hospital Services.

Advanced students should have access to readily available dental and bio-medical libraries containing modern equipment for retrieval and duplication of information and adequate space for utilization, and the particular department concerned should provide recent pertinent literature for study.

Facilities should be provided to support departmental research as well as clinical and basic research in conjunction with other dental, basic science, and medical departments.

Finally dental auxiliary, clerical and stenographic help must be supplied to ensure efficient running of the program.

5. Curriculum

The sciences which are basic to almost any area of dental practice are biochemistry, physiology, pathology, anatomy, microbiology, and pharmacology.

Although these sciences are taught in the undergraduate years, they are developing so rapidly that the student should be made acquainted with the advances in order to understand better the biologic fundamentals of dental practice. Additional disciplines in the areas of oral anatomy, oral pathology, oral physiology, genetics, biostatistics, research methodology and behavioral sciences, should be offered to supplement the program.

Basic science material should be structured to give comprehension and meaning to the clinical environment. The clinical program should include a diversification of clinical experiences. Emphasis should be placed on thoroughness of examination in order to arrive

at an accurate diagnosis and a satisfactory treatment. Experience should be developed in the treatment of both ordinary and complex cases.

Consultation with teachers of other special areas of dental practice and arrangement of joint seminars, should be encouraged. In fact, an interchange of teachers of several related areas would be desirable to broaden the student's knowledge, and prevent too narrow specialization. Assignment of students to other graduate/postgraduate clinics should be fostered so that they may observe modes of treatment related to their field. Observing teachers operate in their own private offices (office rounds), when this can be arranged, could also be rewarding learning experience.

Experience in teaching is a learning experience for the student inasmuch as it enhances his ability to organize and evaluate material and communicate information to others. The student should also be encouraged to teach by participation in table clinics, demonstrations or lectures before dental society meetings and study clubs.

The advanced student should be taught how to prepare a scientific paper for publication. In a sense this is also a form of teaching-by-pen rather than word-of-mouth and requires even more exacting organization of thoughts and material.

While not every school or hospital is prepared to offer research facilities and guidance, and while the prime function of a post-graduate program is to develop a highly competent clinician, an opportunity is nevertheless present for interesting the student in research. Research, or more correctly, a research exercise, need not be sophisticated. The disciplined analysis derived from such an exercise can be highly rewarding, and the stimulus of creativity accruing to the student is far more important than the exercise itself. Clinical research is just as important as laboratory research and can be conducted individually, as a pooled study of the entire group of students, or continued from one class to the next.

Although involvement in teaching or research is a good educational experience, the practice of using full-time graduate/postgraduate students to an excessive degree as teaching or research assistants is to be discouraged. Students who are employed in these capacities to a significant degree should be expected to spend an equivalent amount of additional time to complete their studies.

Where the provision of a substantive research component sufficient for the generating and defending of a thesis is also an objective of the graduate and postgraduate specialty program, additional time should be required.

The successful completion of the curriculum should take a minimum of two academic years and the student should be required to spend at least one academic year in full-time residence. The remaining time may be devoted to approved hospital or field experience.

Evaluation

There must be clear evidence of some definite method of evaluating the progress of students throughout the program, and of counselling based on that evaluation.

Records

The clinical records of the teaching institution must be sufficiently comprehensive for teaching purposes.

It is recommended that long-term follow-up of patients be carried out and adequate records be kept so that evaluation of therapeutic procedures would be possible.

Special Requirements

Graduate/Postgraduate programs intended to prepare the graduate for a special area of dental practice recognized by the Canadian Dental Association should, in addition to the above, include those elements of academic and clinical experience specified by the appropriate recognized specialty group, as approved by the Council on Education of the Canadian Dental Association, and follow as a continuum of these general requirements.

RECOMMENDED MINIMUM REQUIREMENTS FOR APPROVAL OF GRADUATE/POSTGRADUATE
PROGRAMMES IN DENTAL PUBLIC HEALTH

(Basic to any consideration bearing on approval of graduate/postgraduate programmes in Dental Public Health is the requirement that a course of study relating thereto be of at least two academic years in duration. There are two such acceptable arrangements:

1. A two-year university course resulting in a degree or diploma, and
2. A one-year university course plus a one-year residency programme, which programme falls to the ultimate jurisdiction of the said university, and which university grants the degree or diploma after the student has successfully completed both the university year and the residency year.)

Definition (1973T28)

The science and art of preventing and controlling dental disease and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with research and the application of the findings of research, and with the administration of group dental care programmes as well as the prevention and control of dental diseases on a community basis.

Essential Material

Core courses are: epidemiology, dental statistics, health administration, health education, nutrition and preventive dentistry.

In addition a number of supporting courses must be completed. These are: computer application, public health law, public health administration, and social aspects of dentistry.

Additional Requirements

A residency programme would constitute the practical aspect of specialty training in the same manner as hospital residencies for oral surgeons.

A graduate degree programme would provide advanced training in specialized areas such as epidemiology and biostatistics.

A major essay must constitute one of the requirements for the postgraduate diploma. A thesis must be completed for the graduate degree.

This section has been referred to the Council on Education for further consideration and is presented here for information purposes only.

Residency Programme

In all residencies, the programme must be acceptable to and affiliated with the parent educational institution offering the diploma or degree.

The residency must provide opportunities for the resident to apply in practical situations the principles and theories learned in the academic year of his training. While the residency programme must be consistent with the definition of the specialty and the functions of specialists as described above, it should allow for some flexibility based on the special attributes of the residency agency and the particular needs of each resident.

Each residency must contain instruction and practical experience in the following areas:

- a. administration
- b. service or health care delivery
- c. research
- d. related elective studies

About one-quarter of the residency should be spent in each of these areas.

MINIMUM REQUIREMENTS FOR RESIDENCY PROGRAMMES

1. Length of residency programme - a minimum of nine months.
2. Supervision of residency programme - a specialist in dental public health.
3. Staff - professional consultative staff in the areas of administration, service and research must be available.
4. The programme - should be broad in scope, including treatment and preventive services.
5. Library - current texts, journals and reports on public health and dental public health must be available to the resident.
6. Clinic facilities - facilities, equipment and supplies must be available for the residency programme.
7. Co-operative opportunities - it may be appropriate for the residency agency to have a diversified programme of public health activities in which appropriate arrangements could be made for the participation of the resident in two or more of the agency's activities.
8. Budget - an appropriate itemized budget must be provided for residency expenses, including provision for necessary travel.

RECOMMENDED MINIMUM REQUIREMENTS FOR THE ACCREDITATION OF GRADUATE/POST-GRADUATE PROGRAMMES IN ENDODONTICS

Definition (1966T179)

That field of dental practice concerned with the preservation of teeth manifesting diseases of the pulp and conditions sequential to such pulp involvement.

Essential Material

a. Clinical

Included in the scope of the knowledge and skill of the endodontic specialist are: the differential diagnosis and control of oral pain of pulpal and/or periapical origin; pulp capping, pulpotomy, pulpectomy, non-surgical treatment of root canals and periapical pathosis of pulpal origin; the obturation of the canals of these teeth; selective surgical removal of pathological tissues resulting from pulpal pathology; replantation and transplantation; hemisection; root amputation and endodontic implants. Approximately fifty percent of the time must be devoted to the clinical programme and must include a diversification of clinical experiences.

Although a single endodontic technique may be emphasized, the students must be exposed to an instructed in a variety of techniques. Outside consultants should be used when necessary to accomplish this.

The faculty must provide a number of regularly scheduled clinical pathological conferences.

b. Didactic

Seminars and conferences in which postdoctoral students take an active part, including literature and book reviews, dealing with various phases of endodontic diagnosis and therapy should be held routinely as part of the teaching program.

Among the sciences which are essential to endodontics are: biochemistry, pathology, microbiology, immunology, pharmacology, head and neck anatomy, histology, physiology, biostatistics, research methodology and behavioural science oriented courses.

Instruction in the biomedical sciences should be structured to give comprehensive and meaning to the clinical field of endodontics particularly such areas as: pulpal biology, oral and facial pain, microbiology as applied to endodontics, tooth morphology, tooth replants, implants and transplants, pharmacology as applied to dental practice, and other related fields.

Supporting Material

a. Teaching. Some orientation as to principles of teaching is recommended as a background for advanced endodontic students for use in teaching predoctoral students in both the technic laboratory and in the clinic.

b. Research. All advanced programs in endodontics should include a research requirement. Such research may take the form of research in laboratories or clinics, or a critical analysis and synthesis of a selected topic in the scientific literature. Direction and supervision should be provided in selecting the project to be undertaken and in its development. Students should be required to prepare a formal paper suitable for publication.

RECOMMENDED SPECIAL REQUIREMENTS FOR THE ACCREDITATION OF GRADUATE/POST-GRADUATE PROGRAMMES IN ORAL PATHOLOGY

Definition (1972T63)

That branch of science which deals with the nature of diseases affecting the oral regions, through study of their causes, processes and effects, together with the associated alterations of oral structure and function. The practice of oral pathology shall include the application of this knowledge through the use of clinical, microscopic, radiographic, biochemical or other such laboratory examinations or procedures as may be required to establish a diagnosis and/or gain other information necessary to maintain the health of the patient, or to correct the result of structural or functional changes produced by alterations from the normal. The oral pathologist may treat the disease directly or, through knowledge of the disease, guide other members of the health service team to more effective therapy.

Essential Material

A. Clinical

Experience in the clinical aspects of oral and systemic disease may be obtained by periods of rotation in an oral diagnosis department of a dental school, attendance at tumour clinics, special clinics, oral surgery clinics, and various medical clinics in a hospital such as dermatology, otolaryngology, and radiology. For a programme conducted at a dental school, it is essential that a significant proportion of the clinical training be conducted in a hospital or medical centre to assure instruction in a significant variety of disease problems. It is recommended that the clinical aspects of an approved oral pathology training programme should not involve more than twenty percent of the trainee's time in a two-year programme.

Surgical oral pathology also comprises an essential and important aspect of an advanced educational programme in oral pathology. Trainees must have the opportunity to study an adequate volume of biopsy and surgical specimens of wide variety to obtain competence in the microscopic diagnosis of oral disease. Ideally, this can be obtained in an active department which processes a large volume of material with adequate exposure to unusual and difficult oral lesions.

Trainees must have adequate exposure to sufficient seminar material, special collections, exchange slides, and file material to give experience with diagnosis of unusual and difficult lesions.

An oral pathology training programme must also provide sufficient exposure in oral cytology to insure that the trainee has at least basic competence and familiarity with this method.

b. Didactic

The basic science education must provide a comprehensive knowledge of pathology, and knowledge and application of anatomy, microbiology, physiology, and biochemistry.

Supporting Material

Training in areas such as statistics, genetics, virology, electron microscopy, histochemistry, autoradiography, and biophysics is desirable. Exposure to other areas of pathology such as haematology, dermatology, clinical chemistry, bacteriology, and mycology is also recommended.

Additional Requirements

The training programme must provide a period of service in a diagnostic pathology department of a medical school or hospital. The trainee must obtain experience with the autopsy technique and must participate and preferably act as prosector in a reasonable number of autopsies. He must also actively participate in the gross and microscopic examination of surgical specimens and attend and participate in other conferences and activities of the pathology department.

RECOMMENDED SPECIAL REQUIREMENTS FOR THE ACCREDITATION OF GRADUATE/POST-GRADUATE PROGRAMMES IN ORAL RADIOLOGY

Definition (1973T29)

That branch of dentistry which pertains to the making and interpretation of radiographs in the cranio-facial complex.

Essential Material

a. Clinical

Specific, practical experience must be gained in intra- and extra-oral radiography, tomography, cephalometry, and sialography.

Experience in the clinical aspects of oral and systemic disease is also an important facet of the training and practice of oral radiology. The programme must therefore provide adequate exposure to all the clinical phases of oral radiology. This may be obtained by attendance at hospital rounds, oral surgery clinics and hospital clinics such as ENT and radiology.

Trainees must have the opportunity to attend seminars in an oral pathology department which processes a reasonable amount of material, with adequate exposure to unusual and difficult oral lesions with particular emphasis on diagnoses which have a radiologic component.

b. Didactic

Formal instruction must include: advanced oral radiology, radiographic anatomy, oral pathology, radiation physics, and radiation biology.

Supporting Material

1. The basic science core should provide a comprehensive knowledge and application of anatomy, histology, and general pathology.

2. Training in such areas as statistics, epidemiology, genetics, and congenital anomalies is desirable.

3. Experience in a hospital radiology department is desirable. The oral radiology trainee should also have the opportunity to see interesting and unusual cases presented at the dental school.

4. Organized seminars, conferences, reading assignments and hospital rounds should be included.

RECOMMENDED SPECIAL REQUIREMENTS FOR THE ACCREDITATION OF GRADUATE/POST-GRADUATE PROGRAMMES IN ORAL SURGERY

Definition (1959T191)

That branch of dental practice that deals with the diagnosis, treatment, prescribing for or operating upon any disease, injury, malformation or deficiency of the human jaws or associated structures.

Essential Material

A. Clinical

The trainee in oral surgery shall assume increasing responsibility for and become proficient in the following procedures throughout his training period.

1. Removal of normally and abnormally positioned teeth.
2. Management of trauma to the teeth, jaws and associated structures.
3. Management of significant pathological processes of the mouth, jaws and associate structures to include cysts, odontogenic infections, sialoliths, neoplasms, etc.
4. Surgical corrections of jaw deformities to include prognathism, micrognathism, TMJ deformities, oral clefts, etc.
5. Experience in local and general anaesthesia. General anaesthesia training must be no less than three months duration and the trainee must be completely committed to the anaesthesia service to permit his active participation in all of the departmental teaching and clinical sessions. There must be adequate training in ambulatory out-patient anaesthesia.
6. Oral diagnosis and treatment planning with emphasis on the aspects most pertinent to oral surgery.
7. Physical diagnosis.
8. Radiology technique and interpretation of the head and neck area.

B. Didactic:

It is expected that the didactic programme will bear direct relevance to, and complement, the above clinical skills, thereby providing a suitable theoretical base for the practice of oral surgery. In addition, the basic science programme for oral surgery must include:

1. Anatomy, Microanatomy and Surgical Anatomy.
2. General and Oral Pathology.
3. Pharmacology.
4. Clinical Biochemistry.
5. Clinical Physiology.
6. Clinical Microbiology.
7. Clinical Laboratory Procedures.

C. Supporting Material:

Relevant supporting subjects may be taught throughout the three year programme and should include any subjects deemed useful to the oral surgery student. In particular, the following should be included regularly: seminars, case presentations, rounds, question tutorials, library topic research; and, when possible or required, student should be given the opportunity for clinical research and investigative procedures.

Additional Requirements

a) Beds & Patient Census:

The support of an oral surgery training program requires a minimal annual admission census of approximately fifteen hundred out-patients for each intern and/or first year resident and one-hundred in-patients per second year resident. In hospitals where beds are allocated to specific services, it is recommended that the oral surgery department should have an assignment of a minimum of four service beds per final year resident. Comparable allocations should be made in those institutions offering only an internship or first year residency. In hospitals where beds are unassigned, there must be adequate availability to provide for the recommended number of patient admissions.

b) Learning Sequence:

The programme should be so organized that the house staff will hold positions of increasing responsibility for the care and management of patients. Instruction must be sufficient to enable residents to undertake surgery under supervision, and to acquire the necessary skill and judgement ultimately to reach full responsibility for the operation and pre- and post-surgical management of the patient.

A minimum of thirty-six months advanced education is considered necessary for the training of a dentist who desires to specialize in oral surgery. This period of education should include a progressively graduated sequence of hospital experience and a comprehensive study of the basic biological sciences as they relate to oral surgery. The internship and residency programmes must be in a C.D.A. approved dental service. Ideally, such programmes should be offered at a single institution, although they can be approached by a system of affiliations. To be acceptable, a one year hospital or basic science programme must be incorporated into a three year progressively graduated sequence of education coordinated under a single director. The basic science programme must offer sufficient clinical experience in hospital orientation to prepare the student for entrance into a residency programme.

Affiliations may be developed where institutions have complementary resources which can be combined to advantage in developing an acceptable programme. Under ideal circumstances, the two years of residency should be offered at the same institution. If such institutions have the facilities for integrating the prescribed basic sciences during this time, they can fulfil the three year requirement by affiliating with the hospital that has a straight oral surgery internship. Otherwise, they must affiliate with a school offering the necessary year of didactic education.

In all programmes involving more than one hospital or teaching institution, the programme must be organized by the designated parent institution.

Internship

The internship emphasizes primarily an adjustment to hospital routine. It should provide a broad scope of clinical experiences correlating oral disease with systemic diseases. During this period the trainee must learn the basic principles of surgery and develop his technical skills by performing clinical procedures in the out-patient department and by assisting the resident and attending staff in the operating room. A definite schedule of rotation to other services of the hospital for supervised instruction is also an essential feature of the internship year. It is an ideal time for the instruction and training in anaesthesia. Other services may include medicine, surgery, pathology, and radiology. The internship should be conducted at a level which will permit the trainee to increase his knowledge, ability, and skill under careful supervision and with only a limited responsibility for total patient care.

Residency

The first year resident shall have received his fundamental hospital orientation either as an intern or during the basic science programme. As a resident, he will apply his knowledge and skill in a more independent manner. The hospital that undertakes the obligation of training beyond the internship must provide clinical material requiring advanced techniques and permit the degree of responsibility commensurate with this stage of the learning process.

The first year resident is responsible for such duties as the preliminary evaluation of the oral surgical patient, the performance of appropriate laboratory procedures, and the ordinary preoperative and postoperative patient care. He is also responsible for seeing that proper instruments and materials are available for operative procedures and should exercise every possible means to ensure an uneventful operation.

A designated period should be spent in the out-patient department with ample opportunity for performing intra-oral surgical procedures and managing diagnostic problems. Experiences in administering general anaesthetics for ambulatory patients and learning to operate under such conditions should also be provided for the first year resident. The resident must be available for emergency room calls. Working with a second year resident and under supervision of the attending staff, he may see and treat all forms of emergency oral and maxillofacial trauma.

Periods of rotation on other services of the hospital must be instituted for the first year resident where such were not obtained during the internship or basic science programme. On each of the assigned services there should be a definite outline of duties and responsibilities. In general, he works under the supervision of an attending staff member or senior resident on that service. He may for example, help in the taking of histories and doing physical examinations, prepare patients for surgery, assist at operations, and follow patients postoperatively. Work in pathology should include the supervised examination of gross and microscopic specimens (and participation in autopsy procedures). When possible, the resident should have the opportunity of examining the surgical specimens from the oral surgery department so that he may learn to correlate the clinical and histopathologic findings.

The senior resident may have minor teaching responsibilities as his experience increases. This valuable phase of the educational programme must include conducting ward rounds. Lecturing to nurses, dental and medical students, and supervising the activities of interns may also be included.

All members of the house staff should participate in clinical pathological conferences, tumour board meetings, surgical and medical grand rounds, and other interdepartmental teaching activities of the hospital.

RECOMMENDED SPECIAL REQUIREMENTS FOR THE ACCREDITATION OF GRADUATE/POST-GRADUATE PROGRAMMES IN ORTHODONTICS

Definition (1965T191)

The study of growth and development of the masticatory apparatus, and the prevention and treatment of abnormalities of this development.

Essential Material

A. Clinical

An advanced programme in orthodontics must be representative of the character of orthodontic problems encountered in private practice and it must include treatment of all types of malocclusion, whether in the permanent dentition or in the mixed or deciduous dentitions. Particular attention must be devoted to the transitional dentition so that the student will be able to attain orthodontics' highest objective - the higher development of the dentition and all its supporting structures.

A special problem in orthodontics is the multiplicity of appliances in general use for the treatment of malocclusion. It is not possible and perhaps not desirable to teach equal facility in the technical management of all of these mechanisms. A comprehensive advanced programme will include some knowledge of all technical procedures currently accepted as good clinical practice so that the student can attain a high degree of proficiency in the treatment of malocclusion of the teeth.

The basic portion of the curriculum must consist essentially of clinical subject matter and include applied clinical orthodontics for the correction of all forms of malocclusion, biometrics, clinical radiographic cephalometrics and orthodontic seminars covering all phases of etiology, diagnosis, and treatment planning related to orthodontic therapy.

B. Didactic

A programme of basic courses considered essential and based upon minimal coverage in terms of subject matter, must include: growth and development, functional head and neck anatomy, cephalometrics, orthodontic diagnosis and treatment (developing and permanent dentition), biomechanical principles and material technics, oral physiology, embryology, genetics, applied histopathology, research methodology, biostatistics, and clinical orthodontics.

Supporting Material

In a well rounded curriculum, conjoint seminars between all disciplines involved in related patient services should be encouraged. Typical support courses should include: anthropology and comparative anatomy, psychology, endocrinology, clinical photography, teratology (cranio-facial deformities), speech physiology and therapy, paediatrics, oral pathology, microbiology, and inter-specialty relations.

RECOMMENDED SPECIAL REQUIREMENTS FOR THE ACCREDITATION OF GRADUATE/POST-GRADUATE PROGRAMMES IN PAEDODONTICS

Definition (1965T180)

The practice of dentistry devoted to children especially in those areas that require a dentist to have a thorough knowledge and skill to adequately participate in paedodontic practice, consultation, teaching, research, hospital work and specialized care for the sick and handicapped.

Essential Material

A. Clinical

Clinical experiences must be provided to develop competency in the following areas:

1. Comprehensive oral health care for children from infancy and early preschool age through adolescence including the application of preventive practices.
2. Orthodontic diagnosis and treatment relevant to paedodontics.
3. Care of traumatic injuries to the teeth and oral tissues of children.
4. Comprehensive dental care of physically, mentally and emotionally handicapped children.
5. Care of the child with orofacial anomalies.
6. In-hospital oral care for children.
7. Provision of dental services for patients under general anaesthesia in the hospital operating room including instruction in procedures for managing emergencies that may occur in the operating room.
8. Regular presentation and reviews of the results of treatment for the purpose of improving subsequent treatment procedures.

B. Didactic

The following areas of study must be included:

1. Growth and physiology of the stomatognathic structures.
2. Psychological, physical and social development.
3. Biometrics in the evaluation of clinical data.

4. Principles of paediatrics.
5. Principles of anaesthesiology and pharmacology.
6. The scientific basis of preventive practices for oral disease.
7. Paedodontic seminars covering all phases of etiology, diagnosis and treatment planning related to cariology and restorative procedures, periodontology, occlusion, and oral medicine.
8. Principles of fully corrective orthodontics.
9. Speech development and related problems.

Supporting Material

Basic science subject areas which are desirable and could be included in seminars or as core courses in order to enhance the education of the paedodontist are: anatomy, biochemistry, dental materials, genetics, pathology, pharmacology, physiology, psychology and microbiology.

Cognate subjects are intended to broaden the student's background, to sharpen his intellect for critical analysis, to provide an opportunity to gain depth in an area or areas of specific interest and to stimulate his desire for inquiry or even to broaden his cultural interests. Requirement of specific courses in this portion of the curriculum is to be discouraged but at least five percent of the curriculum time should be provided for these elective courses. Examples which might be elected are: anthropology, dental public health, embryology, genetics, neuromuscular physiology, psychology, communication skills, speech pathology, sociology, or courses in business or from the liberal arts and the humanities.

RECOMMENDED SPECIAL REQUIREMENTS FOR THE ACCREDITATION OF GRADUATE/POST-GRADUATE PROGRAMMES IN PERIODONTICS

Definition (1965T192)

That branch of dentistry devoted to the study, prevention and treatment of diseases which affect the supporting tissues of the teeth.

Essential Material

A. Clinical

A significant proportion of the total curriculum must be devoted to the clinical sciences fundamental to advanced training in periodontics. The following subjects are considered essential for such training.

1. Periodontal Clinic:

A specialist must be able to perform, at an advanced level, all currently acceptable diagnostic and therapeutic procedures required to treat effectively any periodontal condition which may be considered part of periodontal practice. It is strongly recommended that as part of his clinical practice, the student receive training in the delivery of care to the patients with periodontal disease in a hospital environment.

2. Periodontics (lectures, seminars, etc.):

This must include courses in all aspects of periodontics as well as the study of occlusion and disorders of the temporomandibular joint.

A course in periodontal histopathology, leading to a demonstrable proficiency in the laboratory phase of periodontal and oral histopathology, also must be included.

3. Clinical medical sciences (including hospital experience):

This must include experience in such areas as operating room techniques, anaesthesia, clinical pathological conferences and ENT.

4. Conjoint dental sciences:

The student must be knowledgeable of the current concepts in the following specialties as they relate to periodontics: endodontics, orthodontics, prosthodontics, paedodontics, oral surgery and public health dentistry.

5. Diagnosis, treatment planning and case presentation for complete dental therapy.
6. Oral medicine and oral pathology.

B. Didactic

The comprehensive understanding of periodontal diseases and treatment of the patient with periodontal disease require advanced training in a number of basic and clinical sciences. While it is not intended that each subject would necessarily constitute an individual course, relevant basic science areas must include: gross and microscopic anatomy, biochemistry, physiology, pharmacology, pathology, microbiology and immunology.

Since the periodontal tissues may be affected by systemic factors and since the therapeutic management of periodontal disease might affect the systemic state, some basic medical principles must be included in the programme. A "core programme" of medical science is required which may include: internal medicine (and subdivisions thereof, including endocrinology, dermatology, haematology and cardiology), physical diagnosis, clinical pathology, genetics, anaesthesiology, principles of surgery and radiology.

RECOMMENDED SPECIAL REQUIREMENTS FOR THE ACCREDITATION OF GRADUATE/POST-GRADUATE PROGRAMMES IN PROSTHODONTICS

Definition (1973T27)

Prosthodontics is that branch of dentistry pertaining to the restoration and maintenance of oral function, comfort, appearance and health of patient by the restoration of the natural teeth and the replacement of missing teeth and contiguous tissues with artificial substitutes.

A prosthodontist is a dentist who is specially trained in prosthodontics by advanced education, training and clinical experience.

There are three main areas in prosthodontics, namely, removable prosthodontics, restorative dentistry (operative dentistry and fixed prosthodontics) and maxillofacial prosthetics.

Therefore, prosthodontics is concerned with:

- 1) Providing suitable substitutes for the coronal portion of teeth;
- 2) The replacement of missing teeth and oral structures;
- 3) Correlating the masticatory surfaces to achieve normal function;
- 4) The prosthodontic treatment of patients who have incurred orofacial deformities.

These services may include other adjunctive treatments necessary for the proper completion and maintenance of such restorations.

Duration and Direction of Program

There should be a core programme to include basic instruction in all areas of prosthodontics, that is removable prosthodontics, restorative dentistry and maxillofacial prosthetics. Additionally, within a two year programme, there will be major emphasis on one of the three areas.

Programmes offering major involvement in all three areas, removable prosthodontics, restorative dentistry and maxillofacial prosthetics will require additional time.

Core Material Common to all ProgrammesEssential Material

A. Clinical

1. Diagnosis and treatment planning.
2. Basic clinical and laboratory prosthodontic procedures.
3. Advanced theories relating to prosthodontics such as:
 - i) Theories and practices relating to complete denture service and removable partial denture service.
 - ii) Theories and practices relating to fixed prosthodontics.
 - iii) Theories and practices relating to maxillofacial prosthetics.
 - iv) Theories and uses of various articulating instruments.
 - v) Methods of securing positional, graphic and functional maxillo-mandibular relation records.
 - vi) Problems relating to the temporo-mandibular joint and occlusion of the dentitions and dentures.
 - vii) Management of patients with congenital or acquired abnormalities.
 - viii) Management of geriatric patients.
 - ix) Hospital protocol.
 - x) Interdisciplinary communications.

B. Didactic

1. Principles of prosthodontics.
2. Principles of related dental specialties.
3. Anatomy, including histology.
4. Physiology (neuromuscular).
5. Pathology (systemic and oral).
6. Radiology, including cephalometrics.

7. Dental materials.
8. Principles of occlusion.

Supporting Material

1. Biochemistry - Nutrition.
2. Genetics (facial anomalies).
3. Gerodontics.
4. Microbiology.
5. Pharmacology.
6. Psychology.
7. Speech therapy.
8. Biostatistics (research methods and experimental design).
9. History of prosthodontics.
10. Scientific writing.
11. Management of auxiliaries.

Additional Requirements

Programmes in prosthodontics offered by dental schools must have active hospital affiliation. Residency programmes in prosthodontics offered by hospitals must have dental school affiliation.

Section A - Restorative Dentistry Requirements

- for those students pursuing a major in this area of prosthodontics.
- 1. Single restorations and retainers for vital and non-vital teeth.
- 2. Fixed partial dentures from three unit short span restorations, up to and including full mouth rehabilitation by fixed prostheses or the combination of fixed and removable prostheses.
- 3. Instruction and experience in the use of fully adjustable articulators must be provided.

Section B - Removable Prosthodontic Requirements

- for those students pursuing a major in this area of prosthodontics.
- 1. Complete maxillary and mandibular dentures of all types and materials for mouths exhibiting all types of ridge morphology and arch relationships.
- 2. Maxillary and/or mandibular overdentures.
- 3. Tooth-borne and tissue-borne removable partial dentures of all types and materials functioning with natural teeth, removable prostheses and fixed prostheses.

Section C - Maxillofacial Prosthetics Requirements

- for those students pursuing a major in this area of prosthodontics.

Essential Material

a. Clinical

Management of patients with intraoral and extraoral defects naturally acquired or produced by disease or trauma, by the fabrication, insertion or application and maintenance of maxillofacial prostheses such as obturators, splints, stents, overdentures and facial prostheses.

b. Didactic

Participation in cleft palate clinics, reconstructive surgery conferences, radiotherapy (diagnostic and treatment planning) clinics, head and neck diagnostic conferences, clinical pathological conferences and tumour boards.

Additional Requirements

The program must be mounted in institutions which can provide co-operation with and services from the following: Otorhinolaryngology, Surgery (oral, general and plastic), Radiology (diagnostic and therapeutic), Medicine, Clinical pathology, Neurology and neuropsychiatry.

Institutions

offering dental and dental auxiliary programs
in Canada and including accreditation status
as of May 30, 1977

Dental Undergraduate Programs

University of British Columbia	- Approval
University of Alberta	- Approval
University of Saskatchewan	- Provisional approval
University of Manitoba	- Approval
University of Western Ontario	- Approval
University of Toronto	- Approval
Université de Montréal	- Approval
McGill University	- Approval
Université Laval	- Provisional approval
Dalhousie University	- Approval

Dental Specialty ProgramsOral Pathology

University of Toronto	- Approval
University of Western Ontario	
University of Manitoba	- Approval

Dental Specialty Programs (cont'd)Oral Surgery

Dalhousie University	-	Provisional approval
Université Laval	-	
Université de Montréal	-	Accreditation eligible
McGill University	-	Provisional approval
University of Toronto	-	Provisional approval
University of Manitoba	-	Accreditation eligible

Orthodontics

Université de Montréal	-	Approval
University of Toronto	-	Approval
University of Western Ontario	-	Approval
University of Manitoba	-	Approval
University of Alberta	-	Approval

Paedodontics

Université de Montréal	-	Approval
University of Toronto	-	Approval

Periodontics

University of Toronto	-	Approval
University of Manitoba	-	Approval

Prosthodontics

McGill University	-	Provisional approval
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Dental Hygiene

University of British Columbia	- Approval
University of Alberta	- Approval
University of Manitoba	- Approval
Université de Montréal	- Approval
Dalhousie University	- Approval
	-
Canadian Forces, Borden	- Approval
George Brown College, Toronto	-
Algonquin College, Ottawa	- Provisional approval
Collège de Maisonneuve, Montréal	- Provisional approval
John Abbott College, Montreal	-
Trois-Rivières, Québec	-
St. Jérôme, Québec	-
F. X. Garneau, Québec	-
St. Hyacinthe, Québec	-

Dental Assisting

Algonquin College, Ottawa	- Approval
Durham College, Oshawa	-
B. C. Vocational School, Nanaimo, B.C.	-
Canadian Forces, Borden	- Approval
Canadore College, North Bay, Ont.	- Approval
College of New Caledonia, B.C.	-
Confederation College, Thunder Bay, Ont.	- Approval
Fanshawe College, London, Ont.	- Approval
Georgian College, Orillia, Ont.	- Provisional approval
George Brown College, Toronto	- Approval
Holland College, Charlottetown	- Approval
Kelsey Institute, Saskatchewan	- Approval
Keewatin College, The Pas, Man.	-
Lethbridge C. College, Alberta	-
Lorne Park Collegiate, Mississauga, Ont.	-
Malaspina College, Nanaimo, B.C.	-
McGill University, Montreal	-
N.S.I.T. Halifax	- Approval
Niagara College, Welland, Ont.	- Approval
N.A.I.T. Edmonton	- Approval
Okanagan College, Kelowna, B.C.	- Approval

Dental Assisting

Red River College, Winnipeg	- Approval
S.A.I.T. Calgary	- Approval
Seneca College, Downsview, Ont.	-
St. Clair College, Windsor, Ont.	- Approval
Wascana Institute, Regina	- Approval

Dental Technology

Canadian Forces, Borden	-
N.A.I.T. Edmonton	-
George Brown College, Toronto	-

SUMMARY

Dental Undergraduate Programs	10
Dental Specialty Programs	19
Oral Pathology	3
Oral Surgery	6
Orthodontics	5
Paedodontics	2
Periodontics	2
Prosthodontics	<u>1</u>
	19
Dental Hygiene Programs	14
In Universities	5
Canadian Forces	1
Ontario Colleges	2
CEGEPS Quebec	<u>6</u>
	14
Dental Assisting Programs	26
Dental Technology Programs	<u>3</u>
Total	72

Statistics
on
recent surveys and projected estimates

dates shown are from Council meeting to Council meeting
(e.g. May 1974 to May 1975)

Program	1974	1975	1976	1977	1978	After
	1975	1976	1977	1978	1979	1979
Dental Undergraduate	2	3	2	4	2	2
Specialty	4	1	6	6	6	3
Dental Hygiene		2	2	4	7	3
Dental Assisting	2	4	2	10	10	6
Dental Technology						
Dental Hygiene (Expanded duty)						
Dental Assisting (Expanded duty)						
Totals	8	10	12	24	25	14

SUGGESTED COUNCIL ON EDUCATION

From the membership of the C.D.A.	6
(Three shall be active members of faculty of Canadian dental schools and three shall have no direct affiliation with a dental school. The chairman shall be selected by the Executive Council from this group).	
Lay Person	1
Dental Undergraduate Student	1
(from nominations by the Council on Student Affairs)	
From nominations by Registrars	1
" " " N.D.E.B.	1
" " " A.C.F.D.	1
" " " R.C.D.C.	1
" " " C.D.N.A.A.	1
" " " C.D.H.A.	1
	14

For 3 year terms, staggered, once renewable, except for student, who shall be 1 (one) year renewable.

STANDING COMMITTEES

1. Committee on Dental Undergraduate and Specialty Programs

Registrar	Member of Council
R.C.D.C.	" " "
N.D.E.B.	" " "
A.C.F.D.	" " "
3 others	Members of Council

2. Committee on Dental Auxiliary Programs

C.D.N.A.A.	Member of Council
C.D.H.A.	" " "
5 others	Members of Council

3. Dental Aptitude Test Committee as presently structured

Representatives to: N.D.E.B.
A.C.F.D.
R.C.D.C.
A.C.M.C.
Nat. Cancer Institute

PROPOSAL TO A.C.F.D. HOUSE OF DELEGATES

Re: FUNDING OF ACCREDITATION SURVEYS

Submitted by

W.J. Dunn, President, A.C.F.D.

and

W.H. Feasby, Chairman, Council on Education, C.D.A.

1. It is recognized that the educational institution surveyed obtains some benefit from the approval status and the accreditation process and accordingly the institutions are justified in providing some funding support for the accreditation process.
2. Institution support of the accreditation process can be by "fee for survey" or by an annual grant. The annual grant is preferred because of the budgetary stability it provides both Grantor and the Grantee.
3. It is proposed that the institutions provide an annual grant for the accreditation service collected by and remitted through the A.C.F.D. Similarly provision should be made for non-member institutions to remit through the A.C.F.D. In effect the A.C.F.D. would be making a grant to the C.D.A. from the contributions received in support of accreditation. A formula is submitted by which A.C.F.D. could raise these funds from its members and other participating institutions.
4. The granting formula and survey fees should be so structured to provide fiscal advantage to the annual grants procedure. Thus a participating institution would find that its accumulated annual grants would be less than the expected fee for survey costs. The Council on Education should ensure that this advantage is maintained.
5. A. The grant formula for institutions offering programs in Dentistry, dental Specialties, Dental Hygiene and Dental Assisting would be:-

i Dentistry, undergraduate	\$ 500 Annually
ii Dental Specialties	\$ 400 Annually for the first program
	\$ 300 Annually for the second program
	\$ 200 Annually for each additional program
iii Dental Hygiene	\$ 300 Annually
iv Dental Assisting	\$ 300 Annually
- B. The fee per survey that would be charged to institutions requesting surveys and not already contributing to the A.C.F.D. grant would be:-

i	Dentistry, undergraduate	\$2,500 Per Survey
ii	Dental Specialties	\$2,000 Per Survey
iii	Dental Hygiene	\$1,500 Per Survey
iv	Dental Assisting	\$1,500 Per survey

6. The grants and fees structure should be reviewed annually by a Grant's Liaison Committee consisting of the President of A.C.F.D., the Executive Director of the Canadian Dental Association and the Chairman of the Council on Education who shall be Chairman. The Grant's Liaison Committee shall review the granting formula and survey fees annually and report to the Council on Education and to the Annual Meeting of the House of Delegates of A.C.F.D.

ORGANIZATIONAL CHART

COUNCIL ON EDUCATION 1977-78

MEMBERS: W.H. Feasby (Chairman), London 1978(2); E.R. Ambrose, Saskatoon 1978(2); R. Coulombe, Lachine 1979 (2); J.D. McLean, Halifax 1979 (2); D. Yeo, Vancouver 1979(1); E. Rajczak, Hamilton 1979(1); G.H. Peacock, Saskatoon 1979(1); G.A. Freeze, North Vancouver 1980(1); G.W. Myers, Edmonton 1980(1).

STANDING COMMITTEES

Aptitude Test

W.R. Teteruck (Chmn) 1978(2)
G.W. Thompson 1980(2)
E.R. Ambrose 1979(2)
M. Boyd 1979(1)
J. Graham (Consultant)

Survey Policy

J.D. McLean (Chmn) 1980(2)
D. Yeo 1980(1)
D.R. Gratton 1979(2)
R. Coulombe 1978(1)
D.B. Proctor NDEB 1979(2)
S. Claman RCDC 1978(1)
K.C. Bentley ACED 1978(1)
G. Peacock Reg. 1980(2)
Ms. K. MacDonald
CDFA 1980(1)
Ms. E. Wesley CDNA 1980(2)

Co-ordinator

K.M. Baird (Interim)

Nominating Committee

E. Ambrose
G. Freeze

AD HOC COMMITTEES

Teaching Conferences

1978 G. Boyer

Biennial Research & Education Conference

D.W. Banting 1978

Ad Hoc Committee on Continuing Education

B.P. Martinello
M. Williamson

COUNCIL REPRESENTATIVES TO:

Nat'l. Cancer Institute

D. Gardner 1980(1)

A.C.F.D.

Chairman of Council
on Education

N.D.E.B.

Chairman of Council
E.R. Ambrose 1978(2)

A.C.M.C.

Chairman of Council

NON-VOTING REPRESENTATIVES TO COUNCIL

N.D.E.B.

G. Kravis

A.C.F.D.

W.J. Dunn

R.C.D.(C)

C.D.H.A.

J. Voris

C.D.N.A.A.

M. Paquin

DENTAL STUDENT

James Girard, U.B.C.

	ACTUAL BUDGET 1975-76	ANTICIPATED BUDGET 1976-77	PROJECTED BUDGET 1977-78
<u>REVENUE</u>			
Testing Fees	\$ 34,005	\$ 45,700	\$ 59,500
Interest	<u>1,758</u>	<u>2,600</u>	<u>3,570</u>
	35,763	48,300	63,070
<u>EXPENDITURES</u>			
<u>Test Supplies</u>			
Inventory at beginning of year	3,475	2,789	2,789
Purchases	<u>4,954</u>	<u>8,500</u>	<u>10,500</u>
	8,429	11,289	13,289
Inventory at end of year	<u>2,789</u>	<u>3,000</u>	<u>4,000</u>
	5,640	8,289	9,289
Salaries			
Assistance	11,744	13,500	13,500
Grading of Tests/Computer Time		300	8,000
Honoraria	13,909	8,042	5,000
Postage and Express	6,690	6,000	6,500
Travel and Sundry	1,576	2,000	3,000
Office Supplies and Expenses	3,295	5,500	6,500
Validation	1,545	1,500	2,500
Depreciation	645	2,000	3,000
Professional Charges	209	300	400
Bank Charges	350	400	450
Conferences	7	30	30
Extra Duties		1,200	2,000
	<u>45,610</u>	<u>49,061</u>	<u>61,169</u>
EXCESS OF REVENUE OVER EXPENDITURES (EXCESS OF EXPENDITURES OVER REVENUE)	(9,847)	(761)	1,901
<u>SURPLUS AT BEGINNING OF YEAR</u>	<u>26,696</u>	<u>16,849</u>	<u>16,088</u>
<u>SURPLUS AT END OF YEAR</u>	<u>\$16,849</u>	<u>\$16,088</u>	<u>\$17,989</u>

HEALTH CARE

To: President and Board of Governors, C.D.A.

From: Dr. R.G. Dickson, Chairman, Council on Health Care

Date: 13 June 1977

Subject: Report of the Council on Health Care - 1977

Members: R.G. Dickson, Chairman, Drumheller, Alta.; D.E. MacFarlane, Vancouver; P.J. Kirby, Edmonton; E. Freidin, Saskatoon; B. Goldberg, Winnipeg; R.J. Sexton, Islington; J. Belanger, Montreal; J.W.S. McMullen, Fredericton; D.A. Eisner, Halifax; J.R. Robertson, Summerside; T.J. Gushue, Grand Falls; J.F. Begin, CFDS, Ottawa.

Meetings: The Council has not met since its last report to the Board in March 1977. Meetings are anticipated in November 1977 and March 1978.

Member Reports: Council member reports are not yet available for Council or Board of Governors' consideration.

Dental Care for the Handicapped: Dr. McMullen has submitted an interim report dealing with the Province of N.B. In his report, Dr. McMullen suggests that although a great need exists for dental care for the handicapped in N.B., no one coordinated program exists to deal directly with the need, the demand or the cost of such care.

This report will be considered at the next meeting of Council.

Survey on Dental Health of Canadians: In an attempt to establish some characteristics of the dental health of Canadians, Dr. Begin has provided a CFDS Survey which represents one segment of the population, the Armed Forces.

This Survey indicates that:

- (a) The female recruit is in better dental condition than the male. She has a higher treatment level Index (F/DMF). This Index was about double that of the male recruit.
- (b) The average male recruit (1973) requires 7.6 clinical hours of treatment to bring him to a state of optimal oral health. This is a reduction of .34 hours over 1967.
- (c) Less than 1% of male recruits required no treatment.
- (d) Percentage of edentulous male recruits was 3.95; female 2.18.
- (e) The treatment level index for recruits was well below that of Canadian College students and below that of the same age group in the U.S.

This report will be discussed and followed up by the Council.

HEALTH CARE

Tooth Codes, Claim Forms, R.V.U. System:

In response to an enquiry, all dental schools were surveyed and of the eight schools responding:

- (a) Eight teach and use the International Tooth Identification Code.
- (b) Most make students aware of the Palmer Method.
- (c) Five provide instruction on the use of the CDA Approved Standard Dental Claim Forms and Procedures.
- (d) Seven provide instruction on the R.V.U. System of fee determination.

C.D.A. Approved Standard Dental Claim Form:

The following resolutions were approved by the Council on Health Care (Mail Vote) for recommendation to the Board of Governors:

Resolution:

Whereas third parties have expressed a need for more administrative space on the CDA Approved Standard Claim Form, and

Whereas the appended alternative* Claim Form was agreed upon by representatives of the Council on Health Care and members of the CAASI group, and

Whereas the dental section of the Claim Form has simply been reduced from twenty to ten lines, and

Whereas ten lines are considered adequate by at least six of the provinces,

Therefore be it resolved:

That the appended alternative CDA Approved Standard Claim Form now be approved by the Council on Health Care, and

That it be directed to the Board of Governors for their approval.

The Board agrees with the foregoing and refers to the following motion:

Resolution:

Whereas the Council on Health Care has approved the alternative CDA Approved Standard Claim Form, and

Whereas, a number of corporate members feel that the present CDA

HEALTH CARE

Approved Standard Claim Form should also be retained, and

Whereas, a number of governmental dental care plans use and wish to continue to use the present CDA Approved Standard Dental Claim Form, and

Whereas, the dental portion of the alternative version of the CDA Approved Standard Dental Claim Form is exactly the same as the present form except that it has fewer lines (ten rather than twenty), and

Whereas, the purpose of the CDA Approved Standard Dental Claim procedures is to facilitate claims handling by the dentists, the patient and third party, therefore be it

RESOLVED:

That the Board of Governors approve the alternative ten-line Standard Dental Claim Form as an acceptable component of the C.D.A. Approved Standard Dental Claim procedures, provided the carriers approve the Standard Dental Treatment Plan Form and the principle of the radiological report.

ADOPTED

Dental Auxiliaries:

The following resolution was approved by the Council for presentation to the Board of Governors (Mail Vote):

Whereas no decision has yet been made by the Board on the recommendations of the Council on Health Care to approve the Uniform Dental Auxiliary Career Training Model, and

Whereas, some provincial dental associations are already involved in the levels system of training dental auxiliaries and others are considering it, therefore be it

RESOLVED:

That the Board approve:

1. The concept of the career options system
2. The criteria for a career options system
3. The three levels proposed
4. The duties assigned at each level as presented
5. The extended training modules as presented at Levels II and III.

HEALTH CARE

The Board disagrees with points 1-5 above and recommends that the Board approve the concept of "A" career options system and that the criteria for a career options system in point No2 be referred to the Survey Policy Committee.

RESOLVED:

That the Board of Governors expresses its appreciation to Dr. Dickson and his Council for the considerable effort extended in finalizing the question of the Standard Claim Form.

It is recommended that the Chairman of the Council on Health Care, Dr. Dickson attend the Survey Policy meeting where a career options system is being discussed.

D E N T I S T	NAME	
	ADDRESS	
	CITY, PROV.	
	POSTAL CODE	
	TELEPHONE	SOCIAL INS. NUMBER

PATIENT'S LAST NAME	GIVEN NAMES
ADDRESS	APT.
CITY	PROV.
POSTAL CODE	

FOR PLAN ADMINISTRATOR USE ONLY.

[illegible]TOTAL SUBMITTED FEE 

DENTIST'S SIGNATURE _____

DATE:	DAY	MONTH	YEAR
-------	-----	-------	------

FOR DENTIST'S USE ONLY. FOR ADDITIONAL INFORMATION RE: DIAGNOSIS,
PROCEDURES, COMPLICATIONS AND SPECIAL CONSIDERATIONS

I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY POLICY BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE COST OF THE TREATMENT. I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY OR ITS AGENTS.

I HEREBY ASSIGN BENEFITS PAYABLE
FROM THIS CLAIM TO THE ABOVE NAMED
DENTIST AND AUTHORIZE PAYMENT DIRECTLY
TO HIM

SIGNATURE OF SUBSCRIBER

SIGNATURE OF PATIENT (OR PARENT/GUARDIAN) _____ SIGNATURE OF _____
 REV 6/74 ALL INFORMATION RECORDED ON THIS FORM IS CONFIDENTIAL

INFORMATION SERVICES

REPORT OF COUNCIL ON INFORMATION SERVICES

MARCH - JUNE, 1977

Members: A. E. MacLeod, Chairman, Halifax; W.B. Chapple, Port Hope;
M.D. Charendoff, Toronto; Y. Tellier, Montreal; W.D.
Scramstad, Surrey, B.C. and Earl Frøidin, Saskatoon

1. Committee on Product Acceptance

APPENDIX 1

Following the direction of the C.D.A. governors at their March 1977 Board meeting, the Chairman of Council convened the inaugural meeting of the Committee on Therapeutics on April 4. A number of specially-qualified members were invited and a full day of discussion took place. (See Appendix 1)

As a result of intensive discussion and in particular the likely range of the Committee's work in future was decided, and the Council so recommends that:

this sub-committee be called the "Committee on Product Acceptance".

The Board agrees.

For information Council confirms that:

"The terms of reference of the Committee on Product Acceptance are those terms laid down by the Board of Governors at the March meeting of the Board":

- i.e. 1. To administer CDA'S Seal of Recognition program.
2. To advise on therapeutic claims in Journal advertising.*

For information Council reports that:

"The Committee on Product Acceptance is a sub-committee of the Council on Information Services pro tem".

Council recommends that:

"Members of the Committee on Product Acceptance be Richard Roydhouse, Chairman, University of British Columbia; Gordon Nikiforuk, University of Toronto; Ralph Barolet, Laval University; Ian Vogan, Dalhousie University; John Stamm, McGill University, and William Sturtridge, University of Toronto.

The Board agrees.

Council met for a full day on April 29. (See Appendix 2)

APPENDIX 2

2. Requests for Information

Council suggests that:

"Requests to C.D.A. headquarters for specific items of information be channelled, wherever possible, to the appropriate organizational sources for informationally updated responses."

The Board agrees, but cautions that staff cannot be responsible for writing long treatises for students on any given subject.

3. C.D.A. Pamphlets and Brochures

Council recommends that:

"An immediate review of all pamphlets and brochures be undertaken, to modernize their content and format in concert with the views of corporate members. This task is to be undertaken by Dr. Earl Freidin on behalf of Council".

The Board agrees.

4. Dental Health Week - 1978

Council recommends that:

"In 1978 a Dental Health Week rather than a month be designated".

On behalf of Council Dr. Don Scramstad is to co-ordinate organization across the country for Dental Health Week 1978. He will convene a workshop for provincial Dental Health Week chairmen, to be held in Ottawa on September 10, 1977. The purposes of the workshop are (i) to help corporate members share each others' experience managing Dental Health Month programs to date, and (ii) to consider corporate viewpoints for a national theme for Dental Health Week, 1979.

The Board agrees.

5. Journal/Newsletter

Council suggests that:

"A quarterly newsletter containing fresh news of C.D.A.'s organizational activities be sent to all members".

Executive Council has already acted on this matter.

INFORMATION SERVICES

For information Council reports that:

"The Editor and Managing Editor of the Journal will be invited to the next meeting of Council on September 9 to discuss the format of the Journal".

6. Press Releases

Council suggests that:

"Press releases be issued from time to time to inform the public of relevant C.D.A. viewpoints".

N.B. Executive Council will approve the subject and content of these press releases.

For information Council reports that:

"It intends to issue a press release in early September on the topic of 'Oral Injuries as a Result of Sports'".

7. Price of Dental Health Publications

Council proposes that:

"In the light of sharp increases in printing costs which are likely to reach 15 cents per copy in the near future, the price per copy be increased from the present 5 cents to 10 cent level, this being the price currently charged us by the printer".

The Board agrees that an increase is justified, subject to the details being approved by the Management Committee.

Budget of Council on Information Services

APPENDIX 3

Council recommends that:

"Its annual budget be increased from \$3,000 per year to \$6,000.00 on the basis outlined in Appendix 3".

The Board agrees.

In answer to a query from the floor, it was stated that the cost of the recent workshop was borne on a pro-rata basis by the Corporate Members.

The Board wishes to acknowledge the contribution of the Chairman of this Council, Dr. MacLeod and to thank him and the members of his Council for their efforts during the year.

COMMITTEE ON PRODUCT ACCEPTANCE

LIST OF MEMBERS

Richard Roydhouse, Chairman
Faculty of Dentistry
University of British Columbia
2075 Wesbrook Place
Vancouver, B.C. V6T 1W5

Ralph Barolet
Ecole de medecine dentaire
Universite Laval
Ste-Foy, Quebec G1K 7P4

Gordon Nikiforuk
Faculty of Dentistry
University of Toronto
124 Edward Street
Toronto, Ontario M5G 1G6

John Stamm
Faculty of Dentistry
McGill University
3640 University Street
Montreal, P.Q. H3A 2B2

Ian Vogan
Faculty of Dentistry
Dalhousie University
5981 University Avenue
Halifax, N.S. B3H 1W2

Bill Sturtridge
Faculty of Dentistry
University of Toronto
124 Edward Street
Toronto, Ontario M5G 1G6

COMMITTEE ON PRODUCT ACCEPTANCEApril 4, 1977.

The Committee on Product Acceptance met at the Ontario Dental Association's Headquarters, 234 St. George Street, Toronto, on Monday, April 4, 1977.

PRESENT: A.E. MacLeod, Halifax (Interim Chairman)
R. Roydhouse, Vancouver (Appointed Chairman)
G. Nikiforuk, Toronto
J. Stamm, Montreal
I. Vogan, Halifax
B. Sturtridge, Toronto
B. Chapple, Port Hope
R. Barolet, Quebec City
L.A. Stevenson, Executive Director, C.D.A.
Marg Hideg, C.D.A. Councils' Secretary

CALL TO ORDER:

1. The meeting was called to order at 9.30 a.m. on Monday, April 4, 1977.

CHAIRMAN'S REMARKS:

2. The Chairman of the Council on Information Services, Dr. A.E. MacLeod explained that he would assume the chair for this initial session and that one of the tasks of the Committee at this meeting would be to appoint a Chairman.

TERMS OF REFERENCE:

3. The Terms of Reference of the Committee were stated to be as follows:

- 1) To administer C.D.A.'s Seal of Recognition Program
- 2) To advise on therapeutic claims in Journal advertising.

4. The CDA Board in March 1977 authorized that this sub-Committee of the Council on Information Services should perform the above functions under the name of the Committee on Therapeutics.
5. It was felt that the Committee's work would eventually expand beyond these two areas and this was the reasoning in the recommended change in the name of the Committee from "Therapeutics" to "Product Acceptance".
6. The Committee expressed the hope that in the report to the September Board, its evolutionary nature would be stressed and that it would not remain within its present restrictive guidelines but would evolve into a Council.

PRODUCT RECOGNITION:

7. Since the 1960's, two products, Crest and Colgate with MFP have been recognized. Last summer, six applications for new products were received. It was decided at the Interim Board Meeting in Ottawa in March that companies should pay for committee members' time and expenses in relation to product evaluation.

CLINICAL TRIALS:

8. The possibility of C.D.A. conducting its own clinical trials was not considered to be feasible, due to the cost factor and lack of facilities.
9. It was noted that the A.D.A. clinical trials are carried out by unpaid consultants and decisions are made based partially on manufacturers' clinical data.
10. The difficulties to be faced in establishing this type of program were discussed in terms of the number of applications likely to be received and the problem of the 'fly-by-night operator'. This latter concern was felt to be eliminated by the conditions set out in Appendix I.

BUDGET:

11. Dr. Rife advised that a budget for the Committee must be incorporated as part of the budget for the Council on Information Services for submission to the Board for the September meeting.

LIAISON WITH THE COUNCIL ON DENTAL MATERIALS:

12. The importance of liaison with the Council on Dental Materials was emphasized and various methods of cross-representation were discussed.

ADVERTISING POLICY:

13. (a) The secretariat was requested to send a copy of the advertising policy to members of the Committee and also to write to Proctor & Gamble and Colgate, informing them that Dr. W. Sturtridge of the University of Toronto was the new contact for approval of advertising submitted to the Journal.
14. (b) The secretariat was also requested to inform the two companies of Dr. Roydhouse's appointment as Chairman of the Committee.
15. (c) It is the responsibility of the Committee to monitor all ads which those companies having our Seal of Recognition put out, plus all ads in the Journal, whether or not they have the Seal of Recognition, plus any other information required by the news media on products.

PROVISIONS FOR THE ACCEPTANCE OF PRODUCTS USED IN THE PREVENTION OF DENTAL DISEASE:

16. A revised version of this document is attached as Appendix I.

APPENDIX I

17. APPOINTMENT OF CONSULTANT:

Dr. B. Chapple agreed to act as a consultant to the Committee.

18. LIAISON WITH DEPARTMENT OF NATIONAL HEALTH & WELFARE:

The secretariat was requested to place on the agenda of the next meeting the question of sending an invitation to Dr. R.W. Campbell and Dr. P. Blais of the Bureau of Medical Devices, Department of National Health & Welfare.

19. ANNOUNCEMENT OF FORMATION OF COMMITTEE:

Committee members were requested to forward a brief curriculum vitae to the secretary to provide input for a proposed article in the Journal regarding the formation of the Committee.

20. ADJOURNMENT:

The meeting was adjourned at 4.00 p.m.

21. NEXT MEETING:

This was left to the call of the Chairman.

MINUTESCOUNCIL ON INFORMATION SERVICESAPRIL 29, 1977

	<u>Paragraph</u>
Call to Order	1
Chairman's Remarks	2
CDA Information Flow	3
Information Policy	4
CDA Pamphlet - Seal of Recognition	5
CDA Pamphlets and Brochures	6
Proposed Price Increase - Dental Health Publications	7
Dental Health Month 1977	8
Dental Health Month 1978	9
Dental Health Month 1979	10
Journal/Newsletter	11
Public Relations	12
Budget	13
Adjournment	14

M I N U T E S

COUNCIL ON INFORMATION SERVICESApril 29, 1977

The Council on Information Services met at the Ontario Dental Association's Headquarters, 234 St. George Street, Toronto, Ontario, on Friday, April 29, 1977.

PRESENT: A.E. MacLeod, Halifax, Chairman
D. Scramstad, Surrey, B.C.
E. Freidin, Saskatchewan

D.L. Rife, Toronto, CDA Executive Council Liaison
CDA Staff

ABSENT: W.B. Chapple, Port Hope
M.D. Charendoff, Toronto
Yves Tellier, Montreal

1. CALL TO ORDER:

The meeting was called to order at 9:30 a.m. on Friday, April 29, 1977

2. CHAIRMAN'S REMARKS:

The Chairman of the Council on Information Services, Dr. A.E. MacLeod, reviewed the minutes of the April 4, 1977 meeting of the Committee on Product Acceptance. He explained that the Council on Information Services would give guidance to the Committee on Product Acceptance, and emphasized the importance of the Council being made aware of the decisions made by the Committee on Product Acceptance.

3. CDA INFORMATION FLOW:

Marie Cosgrave is the staff person responsible for information flow to the Council on Information Services.

The Chairman then outlined the terms of reference of the Council on Information Services.

A discussion took place regarding the type of requests for information received at CDA Headquarters.

4. INFORMATION POLICY:

Council devised guidelines to assist the CDA staff person. With the implementation of these guidelines, enquiries will be channelled to the appropriate organizations, whenever possible.

2.
Minutes
Council on Info.
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5. CDA PAMPHLET - SEAL OF RECOGNITION:

A pamphlet will be prepared outlining the standard that a product should meet before the CDA gives its Seal of Recognition.

Council decided to ask Dr. Roydhouse to prepare a manuscript for a CDA pamphlet - Seal of Recognition, using CDA pamphlet format.

6. CDA PAMPHLETS AND BROCHURES:

It was decided that all production of CDA Public Information Materials cease immediately. Production is to resume when the pamphlets and brochures have been reviewed.

The chairman of the Council on Information Services will ask each corporate member to send ideas and suggestions regarding the changes to be made in the CDA pamphlets and brochures. The information received will be evaluated by Dr. Freidin, who is the liaison between the corporate members and the CDA. All pamphlets and brochures will be revised using a synthesis of the ideas gathered from the corporate members.

7. PROPOSED PRICE INCREASE - DENTAL HEALTH PUBLICATIONS AND REPRINTS

Due to the sharp increase in production costs, the Council on Information Services recommends to Executive Council that an immediate price increase for all publications be instituted to take effect immediately.

8. DENTAL HEALTH MONTH 1977

Dr. Scramstad, Chairman, Dental Health Month, British Columbia, gave a brief report on some of the projects which were carried out:

A province wide poster contest involving the Elementary School system; one thousand leaflets on flossing were distributed in Safeway shopping bags; ten thousand posters entitled "Attack Plaque" were distributed; numerous television and radio spots were presented; a number of newspaper items and radio spot commercials were presented; notification letters and posters were sent to all B.C. dental offices; dental health projects were carried out by dental health teams.

A Public Relations firm was hired by the B.C. Association to assist with the various activities.

Dr. Scramstad felt that Dental Health Month 1977 had gone very well. The educational campaign was designed and carried out entirely by the College of Dental Surgeons of B.C.

Dr. Freidin wondered whether the Dental Health message was getting across to the appropriate audience. Dental Health information should be designed

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Council on Info.
April 29, 1977

so that it gets at the grass roots of the problem. Programs should be designed to reach children primarily. He felt we should concentrate on the media, especially television which should be part of the total communication platform.

Walter Tedman, Chairman, Dental Health Month, Ontario was invited by the Chairman of the Council on Information Services to report on some of the programs carried out by the ODA:

Planning Kits were distributed to 38 local dental societies; material for television and radio public service announcements was distributed; news releases were issued, material sent to daily newspapers.

The Planning Kit is the basis from which a local society can organize its shopping centre display, school campaign, or local media campaign. Local societies should be prepared to distribute material to newspapers, etc.

Public Health Dentists and Dental Health Auxiliaries were encouraged to participate and make a significant contribution.

9. DENTAL HEALTH WEEK 1978:

It was decided to have a Dental Health Week instead of a Dental Health Month in 1978.

Council appointed Dr. Scramstad, National Dental Health Week Chairman 1978. His responsibilities will include Chairing a Workshop in September 1977 at CDA Headquarters. Dr. Scramstad will be contacting the provincial Dental Health Week Chairmen with a view to pooling resources.

10. DENTAL HEALTH WEEK 1979

It is proposed for Dental Health Week 1979 that a TV Commercial (English/French) will be made.

11. JOURNAL/NEWSLETTER:

A discussion took place regarding the value of a quarterly newsletter to supplement the CDA Journal. The Council feels the purpose of the newsletter is to capsule information of the organizational activities of the CDA. The chairman requested that this matter be referred to Executive Council for consideration at their May 15-16, 1977 meeting.

Ms. Anna Spencer, Managing Editor/Advertising and Ms. Diane Charter, Editor, will be invited to attend the next meeting of the Council on Information Services, in order for them to participate in a discussion concerning the format of the Journal.

4.
Minutes
Council on Info.
April 29, 1977

12. PUBLIC RELATIONS:

In view of the government's ban on saccharin and our subsequent news release, a discussion took place regarding the Association's involvement. Council feels that press releases on a regular basis are an effective means of improving the lines of communication between the public and the profession.

Council proposed that a press release be issued in early September 1977 on the topic of Preventive Dentistry - Sports Injurv.

BUDGET

13. The Executive Council will be asked to increase the budget for the Council on Information Services, due to the large number of items that need the attention of the council.

14. ADJOURNMENT:

The meeting was adjourned at 4:30 p.m.

Budget of Council 1977 (Revised)

Cost of one meeting,

Travel and subsistence:	MacLeod	- - - - -	\$250.00
	Charendoff	- - - - -	\$100.00
	Freidin	- - - - -	\$340.00
	Scramstad	- - - - -	\$550.00
	Tellier	- - - - -	\$100.00
	Rife	- - - - -	\$100.00
			\$1440.00

Three meetings at \$1500.00	- - - - -	\$4500.00
Telephone	- - - - -	800.00
Secretarial	- - - - -	250.00
Miscellaneous	- - - - -	450.00
		\$6000.00

NOTE - Costs of Sub-Committee on Product Acceptance are borne by companies seeking C.D.A.'s seal of recognition.

LEGISLATION

MEMBERS: J.H. Young, Chairman, Ottawa; O.H. Phillips,
Ottawa; R.G. Balderson, Ottawa.

1. Registrars of the Provincial Boards, the National Dental Examining Board and the Royal College of Dentists of Canada have, as in the past, been most helpful in providing information to this Council for the preparation of this annual report.
2. A meeting of the Council was held on the 30th of May to review the information received to date.
3. At the 1976 meeting of the Board of Governors, the Legislation Council was given the power to add the provincial registrars as advisory members. Accordingly this has been done.
4. Following is a summary of the provincial reports, listed geographically from east to west. Reports from the National Dental Examining Board and the Royal College of Dentists of Canada are also included.

NEWFOUNDLAND

5. No legislative changes have been passed respecting dentistry in the Province of Newfoundland.
6. An indication, however, has been given that legislation to legalize denturists will be introduced in the current session of the House of Assembly.

PRINCE EDWARD ISLAND

7. The Dental Association of Prince Edward Island has no legislative changes to report this year.

NOVA SCOTIA

8. The Provincial Dental Board of Nova Scotia is not negotiating with the Nova Scotia Government for changes in legislation at this time.
9. A report was produced by the Committee on Health Professional Licensing, with the following terms of reference given to it by the Nova Scotia Council of Health.
 - a) To review current developments in Health Professional Licensing and make recommendations to the Health Council regarding the options open to the Province of Nova Scotia in revising the system now in operation.

LEGISLATION

- b) To review all legislation in effect in Nova Scotia at the present time respecting the licensing or control of health professionals.
 - c) To provide a definition of "health professionals" and briefly outline the extent to which licensing and discipline of these groups is necessary for protection of the quality of care and the public interest.
 - d) To provide comments on the effect of the establishment of a Health Professions Board on the viability of professional associations.
10. This report is now being reviewed by government to determine if existing health legislation will be changed to create an overall Health Professions Board.

NEW BRUNSWICK

11. The new Dental Act of the Province of New Brunswick was proclaimed in October of 1976.
12. Legislation regarding denturists has received third reading, but as of April 1st has not been proclaimed. Denturists are, therefore, not yet able to practise in New Brunswick.
13. Legislation regarding X-ray regulation is expected to come before the House at the next session.

QUEBEC

14. There is no new legislation affecting dentistry in the Province of Quebec
15. The Order of Dentists of Quebec is presently preparing their revised By-laws, which they will submit by October of 1977.

ONTARIO

16. There has been a change in the regulations in Ontario governing dentists and also one involving dental auxiliaries.
17. Two new specialties have been established, Prosthodontics and Oral Radiology.
18. The legislation which called for the establishment of a new auxiliary to be known as a "Preventive Dental Assistant with Scaling" was found to be redundant and accordingly has been deleted from the regulations.

LEGISLATION

MANITOBA

19. The Manitoba Dental Association has no news to report this year.

SASKATCHEWAN

20. Several by-law changes have been approved by the Council of the College of Dental Surgeons of Saskatchewan at their November 1976 meeting.
21. The report to the Minister of Health of the Advisory Committee on Dental Licensure has been completed. In its conclusion the report states, there is general agreement that no specific changes in licensing regulations can be recommended at this time. The consensus is that any attempt to increase the supply of dentists in Saskatchewan by relaxing requirements for licensure would create an unacceptable risk of allowing underqualified dentists to practise in the province.
22. The Committee was also in agreement that a number of significant changes need to be made in The Dental Profession Act in order that the College of Dental Surgeons may possess the clear-cut and specific powers which it requires to regulate effectively the profession of dentistry in Saskatchewan and thereby maintain a high standard of professionalism within the College and protect the public interest. The Committee's report outlines specific problems which the Committee identified and indicates recommended solutions.
23. Legislation is expected to be introduced in the Spring Legislature of the House respecting denturists. One provision included in this legislature would legalize denturists to provide complete and partial dentures.

ALBERTA

24. Within the past year an amendment to the Dental Association Act and a By-law permitting a dental practice to be incorporated was passed.
25. Also passed was a By-law permitting dental students to work in dental offices during the summer break between their third and fourth dental years providing designated dental services under the direct in-office supervision of a dentist.
26. Currently being prepared or under consideration are the following:
- (a) Proposed amendments to the By-law for Dental Assistants requiring more detailed information.
 - (b) A new By-law concerning Dental Hygienists. There is presently no such legislation in the Province of Alberta.

LEGISLATION

- (c) A new By-law relating to professional competence and requiring members in certain cases to submit to examination.
- (d) An amendment to the discipline sections of the Act and By-law to clarify discipline procedures.
- (e) A change in the Act relating to the supervision of Dental Hygienists.
- (f) Consideration to changes in the Act relating to the new competitions legislation including a provision relating to advertising and a section dealing with fee schedules.
- (g) A change in the Act similar to that contained in other professions to the effect that dentists are not required to pay municipal business tax.

BRITISH COLUMBIA

- 27. The Dentistry Act amendments included in this report last year were adopted and became effective June 20th, 1976. Arising from these amendments, additional voting members now sit on our Council, and effective January 1st, 1977, we have introduced a system of continuing education requirements for relicensure on a three-year cycle.
- 28. Revised regulations proposed by the College to fit the Act amendments and to institute some other changes also have become effective quite recently. A committee is reviewing all regulations to bring them up to date.
- 29. One of the newer regulations permits the start this year of a dental student practitioner program. As a pilot project, six third-year dental students are employed in dental offices in rural areas in order to gain not only experience in dental practice but exposure to smaller communities.
- 30. Another effect of recently approved regulations is to change the requirements for registration of dentists in British Columbia. Dentists interested in applying for registration should obtain current requirements from the Registrar.

NATIONAL DENTAL EXAMINING BOARD OF CANADA

- 31. The National Dental Examining Board of Canada reports that it has not been involved in any changes of legislation during the past year.

ROYAL COLLEGE OF DENTISTS OF CANADA

- 32. The Royal College reports that there have been no changes at the Federal level affecting them during the past year.

LEGISLATION

FEDERAL LEGISLATION

33. No pertinent Federal legislation has been reported to the Council during this past year.
34. This Council is, as always, most appreciative for the prompt response of those bodies from whom information is requested, and wishes to thank them accordingly.

Executive Council will discuss the terms of reference of the Council on Legislation at the next Executive Council meeting and make recommendations to the Board.

RESOLVED:

That the report of the Council on Legislation be received with thanks to the Chairman, Dr. Young and members of the Council.

CANADIAN DENTAL ASSOCIATION
FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1976

Auditors' Report	
Balance Sheet	
Statement of Revenue and Expenditure	
Statement of Surplus	
Statement of Continuity of Trust Funds	
Statement of Changes in Financial Position	
Notes to Financial Statements	
Schedules	
A Various Revenue Sources	
B Various Expenses	
C CDA Journal	
D National Convention	

Thorne
Riddell
& Co.

CHARTERED ACCOUNTANTS

AUDITORS' REPORT

To the Members of the
Canadian Dental Association

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1976 and the statements of revenue and expenditure, surplus, continuity of trust funds and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances except that we were unable to verify membership fees, grants, subscriptions and revenue of the National Convention beyond ensuring that all receipts recorded in the accounting records were deposited in the bank.

In our opinion, except for the effect, if any, of the limitation in the scope of our examination referred to in the preceding paragraph, these financial statements present fairly the financial position of the Association as at December 31, 1976 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Ottawa, Canada
August 5, 1977


Chartered Accountants

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION
(Incorporated without share capital under the laws of Canada)

BALANCE SHEET AS AT DECEMBER 31, 1976

ASSETS

	<u>1976</u>	<u>1975</u>
CURRENT ASSETS		
Cash	\$ 88,165	\$ 118,045
Cash, in trust for sale of building		25,000
Guaranteed investment certificates	505,000	40,500
Accrued interest	3,397	
Accounts receivable	70,671	75,094
Prepaid expenses	14,362	11,324
Refundable mortgage commitment fee		6,250
	<u>681,595</u>	<u>276,213</u>
FIXED ASSETS (note 2)		
Land, building, furniture and equipment	1,415,611	1,060,269
Less accumulated depreciation	<u>50,949</u>	<u>166,357</u>
	<u>1,364,662</u>	<u>893,912</u>
DEFERRED CHARGES - WORLD CONGRESS (note 3)	<u>37,593</u>	<u>6,737</u>
	<u>2,083,850</u>	<u>1,176,862</u>
TRUST ASSETS		
Cash	6,726	4,378
Guaranteed investment certificates	46,843	46,843
Accrued interest	816	672
Books, at nominal value	1	1
Furniture and fixtures, at cost, less accumulated depreciation	<u>4,295</u>	<u>22</u>
	<u>58,681</u>	<u>51,916</u>
	<u>\$2,142,531</u>	<u>\$1,228,778</u>

Approved on behalf of the Board

Member

Member

MANAGEMENT COMMITTEE

LIABILITIES

	<u>1976</u>	<u>1975</u>
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 82,704	\$ 34,686
Deposit for sale of building		25,000
Deferred revenue	9,176	8,387
Holdbacks payable on Ottawa building	153,620	90,254
Principal due within one year on long term debt	<u>5,058</u>	<u></u>
	<u>250,558</u>	<u>158,327</u>
LONG TERM DEBT (note 4)		
Mortgages and loans payable	813,950	326,000
Less principal included in current liabilities	<u>5,058</u>	<u></u>
	<u>808,892</u>	<u>326,000</u>

SURPLUS

SURPLUS	<u>1,024,400</u>	<u>692,535</u>
	<u>2,083,850</u>	<u>1,176,862</u>

TRUST LIABILITIES

Accounts payable	10,140	
Library Trust Fund	42,172	45,551
The Grieve Memorial Lectureship Fund	6,369	6,365
	<u>58,681</u>	<u>51,916</u>
	<u>\$2,142,531</u>	<u>\$1,228,778</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION
STATEMENT OF REVENUE AND EXPENDITURE
YEAR ENDED DECEMBER 31, 1976

	1976	1975
Revenue		
Membership fees	\$521,970	\$470,532
Publications	17,463	27,142
Grants	50,178	43,808
Investment income	35,891	8,518
CDA Journal	219,566	208,800
National Convention	127,160	69,096
Other	4,049	8,290
Expenditure recovery		
Caribbean dental program	21,453	12,394
National Convention		24,000
	<u>997,730</u>	<u>872,580</u>
Expenditure		
Annual board meeting	30,606	38,137
Honoraria	23,100	7,597
Salaries and employee benefits	168,959	226,225
Grants and related expenses	34,750	37,258
General and administrative	51,904	52,861
Professional services	20,463	6,658
Publications	22,441	46,762
Travel and meetings	67,427	60,632
Premises expense	126,965	16,035
CDA Journal	207,369	193,527
National Convention	109,810	106,262
Caribbean dental program	21,453	12,394
	<u>885,247</u>	<u>804,348</u>
EXCESS OF REVENUE OVER EXPENDITURE	<u>\$112,483</u>	<u>\$ 68,232</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

STATEMENT OF SURPLUS

YEAR ENDED DECEMBER 31, 1976

	<u>1976</u>	<u>1975</u>
UNAPPROPRIATED		
Balance at beginning of year	\$ 655,396	\$ 400,628
Excess of revenue over expenditure	112,483	68,232
Gain on sale of fixed assets	219,382	
Transferred (to) from general reserve	<u>(223,584)</u>	<u>186,536</u>
Balance at end of year	<u>763,677</u>	<u>655,396</u>
GENERAL RESERVE		
Balance at beginning of year	37,139	223,675
Transferred from (to) unappropriated surplus	<u>223,584</u>	<u>(186,536)</u>
Balance at end of year	<u>260,723</u>	<u>37,139</u>
BALANCE AT END OF YEAR	<u>\$1,024,400</u>	<u>\$ 692,535</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION
STATEMENT OF CONTINUITY OF TRUST FUNDS

YEAR ENDED DECEMBER 31, 1976

	<u>1976</u>	<u>1975</u>
LIBRARY TRUST FUND		
Balance at beginning of year	\$ 45,551	\$ 44,090
Revenue		
Interest income	3,542	3,582
Royalties	458	
Gain on sale of books		57
	<u>4,000</u>	<u>3,639</u>
Expenditure		
Apportionment of librarian's salary	4,724	
Binding books and journals	227	295
Depreciation	486	533
Office supplies and expense	269	422
Subscriptions	530	928
Cost of moving to Ottawa	<u>1,143</u>	
	<u>7,379</u>	<u>2,178</u>
EXCESS OF REVENUE OVER EXPENDITURE (EXPENDITURE OVER REVENUE)	<u>(3,379)</u>	<u>1,461</u>
BALANCE AT END OF YEAR	<u>\$ 42,172</u>	<u>\$ 45,551</u>

THE GRIEVE MEMORIAL LECTURESHIP FUND

Balance at beginning of year	\$ 6,365	\$ 6,361
Revenue		
Investment interest	288	288
Bank interest	<u>16</u>	<u>24</u>
	304	312
Expenditure		
Orthodontic Section of Canadian Dental Association	<u>300</u>	<u>308</u>
EXCESS OF REVENUE OVER EXPENDITURE	<u>4</u>	<u>4</u>
BALANCE AT END OF YEAR	<u>\$ 6,369</u>	<u>\$ 6,365</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION
STATEMENT OF CHANGES IN FINANCIAL POSITION
YEAR ENDED DECEMBER 31, 1976

	<u>1976</u>	<u>1975</u>
FINANCIAL RESOURCES DERIVED FROM		
Operations	\$149,892	\$ 76,693
Proceeds from sale of fixed assets	344,976	
Proceeds from long term debt	<u>482,892</u>	<u>326,000</u>
	<u>977,760</u>	<u>402,693</u>
FINANCIAL RESOURCES APPLIED TO		
Additions to furniture, fixtures and equipment	29,618	669
Building under construction, Ottawa	604,135	648,757
Deferred charges - World Congress	<u>30,856</u>	<u>4,753</u>
	<u>664,609</u>	<u>654,179</u>
INCREASE (DECREASE) IN WORKING CAPITAL	313,151	(251,486)
WORKING CAPITAL AT BEGINNING OF YEAR	<u>117,886</u>	<u>369,372</u>
WORKING CAPITAL AT END OF YEAR	<u>\$431,037</u>	<u>\$117,886</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION NOTES TO FINANCIAL STATEMENTS YEAR ENDED DECEMBER 31, 1976

1. ACCOUNTING POLICIES

(a) Revenue recognition

Memberships and corporate fees are remitted by the provincial associations and recognized as revenue when received.

Subscriptions to the CDA Journal and grants are recognized as revenue when received.

(b) Fixed assets

All fixed assets are stated at cost. Depreciation is provided on the straight-line basis using the following annual rates:

Building	2½%
Furniture and equipment	10 %

2. FIXED ASSETS

		<u>1976</u>		<u>1975</u>
	<u>Cost</u>	<u>Accumulated depreciation</u>	<u>Net</u>	<u>Net</u>
Land, Toronto				\$ 5,100
Land, Ottawa	\$ 81,755		\$ 81,755	81,755
Building, Toronto				117,188
Building, Ottawa	1,279,702	\$ 31,993	1,247,709	675,567
Furniture and equipment	<u>54,154</u>	<u>18,956</u>	<u>35,198</u>	<u>14,302</u>
	<u>\$1,415,611</u>	<u>\$ 50,949</u>	<u>\$1,364,662</u>	<u>\$ 893,912</u>

3. DEFERRED CHARGES - WORLD CONGRESS

	<u>1976</u>	<u>1975</u>
Balance at beginning of year	\$ <u>6,737</u>	\$ <u>1,984</u>
Add:		
Expenditure during year		
Administration	17,733	2,317
Promotion and publicity	4,728	2,436
Travel	<u>8,395</u>	
	<u>30,856</u>	<u>4,753</u>
Balance at end of year	<u>\$ 37,593</u>	<u>\$ 6,737</u>

The Association will be hosting the World Dental Congress in Toronto, Canada in October, 1977. The expenditures in connection therewith are being deferred to provide a proper matching of revenue and expenditure.

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 1976

4. LONG TERM DEBT

	<u>1976</u>	<u>1975</u>
11% First mortgage, due February 28, 2001	\$ 487,950	
12% Second mortgage, due February 28, 1981 (formerly a 10% first mortgage due November 5, 1976)	300,000	\$ 300,000
8% Loan payable, due December 10, 1985	17,000	17,000
9% Loan payable, due November 7, 2005	<u>9,000</u>	<u>9,000</u>
	<u>\$ 813,950</u>	<u>\$ 326,000</u>

The 11% first mortgage provides for monthly payments of principal and interest in the amount of \$6,016 for January and February 1977 and \$4,128 thereafter.

The 12% second mortgage and the 8% and 9% loans payable provide for payments of interest only, the principal amounts being due at maturity.

The first mortgage agreement provides that the interest rate is renewable annually at a rate which is $\frac{1}{2}$ of 1% less than the then five year commercial mortgage rate. The second mortgage agreement provides that the interest rate be reviewed annually to yield 1% above the first mortgage rate. On February 28, 1977, the interest rates were changed to 9.75% for the first mortgage and 10.75% for the second mortgage.

5. BASIS OF PRESENTATION

These financial statements do not include accounts relating to the dental aptitude test program for which separate financial statements are issued as at June 30.

6. RECLASSIFICATION OF COMPARATIVE FIGURES

The 1975 comparative figures have been reclassified to conform to the financial statement presentation adopted for 1976.

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

VARIOUS REVENUE SOURCES

SCHEDULE A

YEAR ENDED DECEMBER 31, 1976

	<u>1976</u>	<u>1975</u>
Membership fees		
Associate	\$ 3,903	\$ 3,683
Student	6,041	5,129
Corporate	84,293	13,312
Regular		
British Columbia	87,685	80,795
Alberta	52,910	50,586
Saskatchewan	17,095	16,991
Manitoba	23,628	23,595
Ontario	162,670	161,785
Quebec	50,710	81,920
New Brunswick	9,930	9,490
Nova Scotia	15,045	15,660
Prince Edward Island	2,600	2,776
Newfoundland	<u>5,460</u>	<u>4,810</u>
	<u>\$521,970</u>	<u>\$470,532</u>
Grants		
Canadian Fund for Dental Education	\$ 27,737	\$ 25,387
National Dental Examining Board	12,000	10,000
Dental Health Week	2,222	4,988
Other	<u>8,219</u>	<u>3,433</u>
	<u>\$ 50,178</u>	<u>\$ 43,808</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

VARIOUS EXPENSES

SCHEDULE B

YEAR ENDED DECEMBER 31, 1976

	<u>1976</u>	<u>1975</u>
Honoraria		
President	\$ 12,000	\$ 5,197
Executive council	<u>11,100</u>	<u>2,400</u>
	<u>\$ 23,100</u>	<u>\$ 7,597</u>
Salaries and employee benefits		
Salaries	\$141,569	\$208,085
Employee benefits	16,837	18,140
Pension supplement, retired executive director	<u>10,553</u>	<u></u>
	<u>\$168,959</u>	<u>\$226,225</u>
Grants and related expenses		
Canadian Dental Nurses and Assistants	\$ 300	\$ 300
Canadian Fund for Dental Education	500	5,000
Federation Dentaire Internationale	3,985	4,742
The Canadian Dental Research Foundation	700	800
Travel and meetings related to grants from the Canadian Fund for Dental Education	<u>29,265</u>	<u>26,416</u>
	<u>\$ 34,750</u>	<u>\$ 37,258</u>
General administrative		
Postage	\$ 2,827	\$ 7,994
General office	32,984	34,712
Bad debt expense	289	220
Telephone and telegraph	10,700	6,716
Furniture and equipment depreciation	<u>5,104</u>	<u>3,219</u>
	<u>\$ 51,904</u>	<u>\$ 52,861</u>
Premises expenses		
Insurance	\$ 1,614	\$ 864
Light, heat and water	9,034	5,392
Repairs and maintenance	6,214	3,821
Taxes	12,915	7,397
Interest on long term debt	75,995	4,071
Depreciation	<u>31,993</u>	<u>4,920</u>
	137,765	26,475
Less		
Allocated to CDA Journal	<u>10,800</u>	<u>10,440</u>
	<u>\$126,965</u>	<u>\$ 16,035</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

CDA JOURNAL

SCHEDULE C

YEAR ENDED DECEMBER 31, 1976

	<u>1976</u>	<u>1975</u>
Revenue		
Advertising	\$210,177	\$200,594
Subscriptions	<u>9,389</u>	<u>8,206</u>
	<u>219,566</u>	<u>208,800</u>
Expenditure		
Printing	90,154	84,938
Agency commission	27,072	25,714
Postage and delivery	16,347	18,083
Salaries and employee benefits	47,000	44,700
Office space and equipment	10,800	10,440
Travel	7,066	1,598
Advertising and promotion	2,158	2,261
Translation	2,645	1,727
Office	2,631	1,970
Sundry	<u>1,496</u>	<u>2,096</u>
	<u>207,369</u>	<u>193,527</u>
EXCESS OF REVENUE OVER EXPENDITURE	<u>\$ 12,197</u>	<u>\$ 15,273</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

NATIONAL CONVENTION

SCHEDULE D

YEAR ENDED DECEMBER 31, 1976

	<u>1976</u>	<u>1975</u>
Revenue		
Registration fees	\$ 69,133	\$ 41,025
Exhibit space sales	35,926	
Tickets	18,194	23,632
Sundry	<u>3,907</u>	<u>4,439</u>
	<u>127,160</u>	<u>69,096</u>
Expenditure		
Shipping and mailing	3,010	1,025
Clinician honoraria and expense	10,554	8,346
Clinic equipment and facilities	872	2,082
Cost of exhibits	9,649	
Registration facilities	1,390	2,721
Printing and promotion	29,367	12,595
Social functions	32,964	42,185
CDA Section grants	600	
Temporary help	780	839
Security services	612	2,290
Headquarters services	1,481	24,065
Telephone and telegraph	2,665	743
Translation		700
Travel	6,608	8,119
Administration	7,958	
Depreciation	312	312
Professional fees	750	
Miscellaneous expenses	<u>238</u>	<u>240</u>
	<u>109,810</u>	<u>106,262</u>
EXCESS OF REVENUE OVER EXPENDITURE		
(EXPENDITURE OVER REVENUE)	<u>\$ 17,350</u>	<u>\$(37,166)</u>

MANAGEMENT COMMITTEE

Members: Dr. D. L. Rife, President Elect, Chairman - Toronto
Dr. M. J. Crompton, President - Moncton
Dr. H. L. Mussells, Past President - Montreal

REPORT

1. 1976 Audited Report

	<u>1976</u>	<u>1975</u>
Revenue	997,730	872,580
Expenditure	885,247	804,348
Surplus	112,483	68,232
Working Capital	431,037	117,886
Reserve Fund	260,723	37,139
Convention	17,350	(37,166)

2. 1977 Financial Statements to June 30

- A. Summary Statement of Revenue and Expenditure
- B. Comparative Statement of Revenue
- C. Comparative Statement of Expenditure
- D. Statement of Revenue and Expenditure - Journal

3. 1978 Budget - Presentation

- A. Summary Statement of Revenue and Expenditure
- B. Comparative Statement of Revenue Detail
- C. Comparative Statement of Expenditure Detail
- D. Statement of Revenue - Membership Fees
- E. Statement of Revenue - Corporate Fees
- F. Comparative Statement of Meetings and Travel Expenditure
- G. Statement of Revenue and Expenditure - Journal

MANAGEMENT COMMITTEE

4. General

A. Rented Space

Over 6,000 sq. ft. of ground floor space has been rented for an annual revenue of approximately \$50,000.

The major tenant, The Ottawa Health Services Centre General Hospital, has rented 3,060 sq. ft. as their project office for the building of their new 50 million dollar hospital.

Other tenants are:

1. Federation of Medical Women
2. Ottawa Dental Society
3. Educational Health Environment Ottawa Ltd.

B. Appointment

Mr. George Watts has been appointed our Director of Administration. He was Manager of Corporate Finance for seven years with Burroughs Welcome Ltd., a pharmaceutical manufacturer. He is an accredited member of the Industrial, Commercial and Institutional Accountants Association of Canada.

C. Signing Officers

1. Royal Bank
2. Canadian Imperial Bank of Commerce

RESOLVED

That at all future Board meetings, the financial report be presented no later than noon of the final day of the meeting.

ADOPTED

RESOLVED

That with the approval of the Management Committee and subject to the viability of the Association's reserves, the second mortgage be retired before the end of the year 1977.

ADOPTED

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

DETAILED REVENUE STATEMENT:

	12 Months Actual 1976	12 Months Budget 1977	6 Months Actual to June 30/77
<u>FEEs:</u>			
Associates	3,903	6,125	4,600
Students	6,041	5,000	5,657
Corporate	84,293	81,010	27,104
DAT Program	-	-	-
<u>MEMBERSHIP FEES:</u>			
British Columbia	87,685	120,150	137,700
Alberta	52,910	75,600	79,200
Saskatchewan	17,095	24,300	17,255
Manitoba	23,628	37,000	36,400
Ontario	162,670	216,000	224,502
Quebec	50,710	63,000	94,910
New Brunswick	9,930	13,680	16,595
Nova Scotia	15,045	22,950	13,600
Prince Edward Island	2,600	3,780	4,200
Newfoundland	5,460	7,830	10,700
<u>GRANTS - CFDE:</u>			
Students' Conference	4,219	3,100	
Student Table Clinic	4,000	4,000	
Teaching Conference	-	2,500	
Survey of Graduate Programs	27,737	36,000	
Council on Dental Materials	-	2,000	
Council on Information Services - Product Acceptance	2,222	-	
NDEB - Survey of Undergraduate Programs	12,000	12,000	15,000
CIDA - Special (Caribbean)	21,453	-	
<u>JOURNAL:</u>			
Advertising	210,177	240,000	101,116
Subscription	9,389	8,000	10,007
Publications - Sales	17,463	30,000	9,959
National Convention - Revenue	127,160	5,000	
Investment Income:			
Term Deposits	35,891	1,000	16,634
Rental	-	-	1,124
CDRF Trust	-	800	2,867
Other	4,049	2,000	4,753
Services - Hospital Surveys	-		
	<u>\$ 997,730</u>	<u>1,022,825</u>	<u>833,883</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

DETAILED EXPENDITURE STATEMENT

	12 Months Actual 1976	12 Months Budget 1977	6 Months Budget 1977	6 Months Actual t June 30/
Annual Board Meeting	30,606	42,030	21,015	18,317
President's Honoraria	12,000	12,000	6,000	6,000
Executive Council Honoraria	11,100	10,000	5,000	16,750
CDRF Award	700	800	400	15
Contingency	-	10,000	5,000	-
Film Production & Distribution	1,715	4,152	2,076	686
Grants - CFDE	500	500	250	-
- FDI	3,985	4,500	2,250	4,025
- CDNAA	300	-	-	-
Insurance (Fidelity, Bonding, F. & E. Sickness, Travel)	2,031	4,000	2,000	2,901
Legal & Audit	20,263	20,000	10,000	3,628
Office Supplies: Expenses	34,368	49,600	24,800	13,368
Postage	17,228	37,100	18,550	17,992
Interest - Long Term Debt	75,995	110,398	55,199	42,210
Depreciation	37,133	-	-	20,986
Property - Insurance	-	10,000	5,000	-
Sundry	-	5,000	2,500	-
Light, Heat & Water	4,140	30,000	15,000	8,563
Mtnce. Repairs	6,214	5,000	2,500	2,555
Taxes	12,915	26,000	13,000	15,504
Printing - BPI	4,301	34,000	17,000	8,954
General	9,942	5,000	2,500	4,928
Journal	87,349	85,000	42,500	42,401
Salaries - Headquarters	197,104	201,000	100,500	117,955
Employee Benefits	30,398	20,380	10,190	7,976
Survey Program - Salaries & Secretarial	15,440	14,300	7,150	9,110
Telephone	11,900	7,000	3,500	7,039
Translations	-	5,000	2,500	-
Travel & Meetings	61,255	92,500	46,250	69,264
Hospital Services Program				
Expenses	-	-	-	-
Membership Promotion	-	-	-	-
Student	-	-	-	-
CDA	6,143	12,000	6,000	7,084
Dental Health Month	245	7,000	3,500	-
Agency Commission - Journal	27,147	30,000	15,000	12,951
Relocation Expenses	12,854	-	-	-
Other Journal Expenses	11,391	8,070	4,035	9,838
Bank Charges	-	300	150	-
Newsletter				
Publications				
National Convention	109,810	-	-	-
Validation Expense (DAT)				
Public Relations	-	12,000	6,000	-
Customs Brokerage	908	700	350	592
Travel Expense - Journal	6,414	3,000	1,500	3,932
Caribbean Dental Program	21,453	-	-	-
Opening Ceremonies	-	-	-	11,640
Joint ADA/CDA Meeting	-	-	-	2,345
\$	885,247	918,330	459,165	489,509

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

STATEMENT OF REVENUE AND EXPENDITURE

JOURNAL

TO JUNE 30, 1977

	12 Months Actual 1976	12 Months Budget 1977	6 Months Budget 1977	6 Months Actual to June 30/77
<u>REVENUE:</u>				
Gross Advertising Revenue	210,177	240,000	120,000	100,077
Subscriptions sold	9,389	8,000	4,000	10,007
Sale of Reprints	-	-	-	1,039
	<u>\$ 219,566</u>	<u>248,000</u>	<u>124,000</u>	<u>111,123</u>
<u>DIRECT EXPENDITURES:</u>				
Agency Commissions	27,072	30,000	15,000	12,951
Customs Brokerage	908	700	350	592
Sales & Travel	6,172	3,000	1,500	3,932
Printing	87,349	85,000	42,500	42,401
Reprint Expenses	-	-	-	858
Postage	14,041	25,000	12,500	12,722
Translations	2,645	800	400	727
Photography	650	400	200	-
Art	565	970	485	444
Sundry Journal Expenses	5,659	900	450	2,443
Mailing List	-	-	-	2,032
Product Card	-	-	-	3,334
	<u>\$ 145,061</u>	<u>146,770</u>	<u>73,385</u>	<u>82,436</u>
<u>ALLOCATED EXPENDITURES:</u>				
Salaries	63,342	60,000	30,000	24,619
Employee Benefits	6,224	7,200	3,600	1,920
Office Expenses,				
a) Stationery	-	1,000	500	150
b) Xerox	500	500	250	90
c) Postage	2,040	3,000	1,500	180
d) Telephone	3,300	2,000	1,000	600
Office Equipment	-	4,750	2,375	500
	<u>\$ 220,467</u>	<u>225,220</u>	<u>112,610</u>	<u>110,495</u>
EXCESS OF REVENUE OVER EXPENDITURE	<u>\$ (901)</u>	<u>22,780</u>	<u>11,390</u>	<u>628</u>

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION
STATEMENT OF REVENUE AND EXPENDITURE
FOR THE PERIOD ENDED JUNE 30, 1977

	12 Months Actual 1976	12 Months Budget 1977	6 Months Actual to June 30/77
<u>REVENUE:</u>			
Fees	\$ 521,970	676,425	672,423
Grants	50,178	59,600	15,000
Journal	219,566	248,000	111,123
Publications	17,463	30,000	9,959
National Convention	127,160	* 5,000	-
Investment & Rental Income	39,940	3,800	25,378
Hospital Services' Surveys	-	-	-
Caribbean Dental Program	21,453	-	-
	<u>\$ 997,730</u>	<u>1,022,825</u>	<u>833,883</u>
<u>EXPENDITURE</u>			
Annual Board Meeting	30,606	42,030	18,317
Honoraria	23,100	22,000	22,750
Salaries & Employee Benefits	168,959	239,980	120,512
Grants & Related Expenses	34,750	29,800	4,040
General Administrative	51,904	119,852	56,930
Professional Services	20,463	20,000	3,628
Journal	207,369	146,770	87,855
Publications	22,441	34,000	9,312
Travel & Meetings	67,427	92,500	78,373
Premises Expenses	126,965	171,398	87,792
National Convention	109,810	-	-
Caribbean Dental Program	21,453	-	-
	<u>\$ 885,247</u>	<u>918,330</u>	<u>489,509</u>
EXCESS OF REVENUE OVER EXPENDITURE	<u>\$ 112,483</u>	<u>104,495</u>	<u>344,374</u>

*Anticipated net revenue F.D.I.

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

BUDGET 1978

PRESENTATION

1. These Financial Statements include all accounts relating to Canadian Dental Association including Dental Aptitude Testing Program.
2. The Dental Aptitude Testing Program Fiscal Year will run concurrently with Canadian Dental Association in 1978.

MANAGEMENT COMMITTEE

A

CANADIAN DENTAL ASSOCIATIONSTATEMENT OF REVENUEAND EXPENDITURESUMMARYBUDGET - 1978

<u>REVENUE</u>	<u>Actual 1976</u>	<u>Budget 1977</u>	<u>Budget 1978</u>
Fees	\$ 521,970	\$ 676,425	\$ 802,220
Grants	50,178	59,600	40,600
Journal	219,566	248,000	235,000
Publications	17,463	30,000	20,000
National Convention	127,160	*5,000	166,000
Investment & Rental Income	39,940	3,800	101,000
Hospital Services' Surveys	-	-	5,500
Caribbean Dental Program	21,453	-	-
	<u>\$997,730</u>	<u>\$1,022,825</u>	<u>\$1,370,320</u>
<u>EXPENDITURE</u>			
Annual Board Meeting	\$ 30,606	\$ 42,030	\$ 50,000
Honoraria	23,100	22,000	75,000
Salaries & Employee Benefits	168,959	239,980	325,000
Grants & Related Expenses	34,750	29,800	29,100
General & Administrative	51,904	119,852	139,989
Professional Services	20,463	20,000	50,000
Journal	207,369	146,770	223,300
Publications	22,441	34,000	35,500
Travel & Meetings	67,427	92,500	139,700
Premises Expenses	126,965	171,398	171,000
National Convention	109,810	-	163,500
Caribbean Dental Program	21,453	-	-
	<u>\$885,247</u>	<u>\$918,330</u>	<u>\$1,402,089</u>
EXCESS OF REVENUE OVER EXPENDITURE	<u>\$112,483</u>	<u>\$104,495</u>	<u>(\$31,769)</u>

* Anticipated net revenue FDI

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

B

DETAILED REVENUE STATEMENT

BUDGET - 1978

<u>FEES</u>	12 Mos Actual 1976	12 Mos Budget 1977	12 Mos Budget 1978
Associates	\$ 3,903	\$ 6,125	\$ 4,070
Students	6,041	5,000	6,750
Corporate	84,293	81,010	73,190
DAT Program	-	-	59,500
<u>MEMBERSHIP FEES</u>			
British Columbia	87,685	120,150	130,500
Alberta	52,910	75,600	75,150
Saskatchewan	17,095	24,300	25,200
Manitoba	23,628	37,000	34,650
Ontario	162,670	216,000	223,470
Quebec	50,710	63,000	116,100
New Brunswick	9,930	13,680	15,480
Nova Scotia	15,045	22,950	24,300
Prince Edward Island	2,600	3,780	3,960
Newfoundland	5,460	7,830	9,900
<u>GRANTS - CFDE</u>			
Students Conference	4,219	3,100	5,000
Students Table Clinic	4,000	4,000	4,000
Teaching Conference	-	2,500	4,600
Survey of Graduate Programs	27,737	36,000	-
Council on Dental Materials & Devices	-	2,000	-
Council on Information Services - Product Acceptance	2,222	-	12,000
NDEB - Survey of Undergraduate Program	12,000	12,000	15,000
CIDA Special (Caribbean)	21,453	-	-
<u>JOURNAL</u>			
Advertising	210,177	240,000	225,000
Subscription	9,389	8,000	10,000
<u>PUBLICATIONS - Sales</u>	17,463	30,000	20,000
<u>NATIONAL CONVENTION - Revenue</u>	127,160	5,000	166,000
<u>INVESTMENT INCOME</u> - Term deposits	35,891	1,000	20,000
- Rental	-	-	75,000
- CDRF Trust	-	800	1,000
- Other	4,049	2,000	5,000
<u>SERVICES - Hospital Surveys</u>	-	-	5,500
TOTAL	\$997,730	\$1,022,825	\$1,370,320

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

C

DETAILED EXPENDITURE STATEMENT

BUDGET - 1978

	12 Months 1977 Budget	12 Months 1978 Budget
Annual Board Meeting	\$ 42,030	\$ 50,000
President's Honorarium	12,000	12,000
Executive Council Honoraria	10,000	45,000
Past President's Honorarium		6,000
President Elect's Honorarium		6,000
CDRF Award	800	1,000
Contingency	10,000	-
Film Production & Distribution	4,152	5,000
DAT Honoraria		6,500
Grants - CFDE	500	500
- FDI	4,500	5,000
Insurance (Fidelity, Bonding, F & E, Sick, Travel)	4,000	10,000
Legal & Audit	20,000	20,000
Office Supplies & Expenses	49,600	46,889
Postage	37,100	41,000
Interest - Long Term Debt	110,398	100,000
Depreciation	-	45,000
Property - Insurance	10,000	15,000
- Sundry	5,000	6,000
- Light, Heat, Water	30,000	35,000
- Maintenance & Repairs	5,000	10,000
- Taxes	26,000	35,000
Printing - BPI	34,000	34,000
- General	5,000	5,000
- Journal	85,000	90,000
Salaries - HQ	201,000	255,000
Employee Benefits	20,380	25,000
Survey Program Salaries & Secretarial	14,300	45,000
Telephone	7,000	12,000
Translations	5,000	5,000
Travel & Meetings	92,500	139,700
Hospital Survey Program Costs	-	5,500
Membership Promotion - Student	-	7,100
- CDA	12,000	12,500
Dental Health Month	7,000	10,000
Agency Commissions - Journal	30,000	34,000
Relocation Expenses	-	5,000
Other Journal Expenses	8,070	7,300
Bank Charges	300	300
Newsletter	-	5,000
Publications	-	1,500
National Convention	-	163,500
Validation Expense (DAT)	-	3,000
Public Relations	12,000	30,000
Custom Brokerage	700	800
Travel and Expense - Journal	3,000	5,000
TOTAL	* \$918,330	\$1,402,089

* National Convention not included

MANAGEMENT COMMITTEE

CANADIAN DENTAL ASSOCIATION

D

BUDGET REVENUE

1978

MEMBERSHIP FEES

PROVINCE	FORECASTED MEMBERS 1978	1978 FEE PER MEMBER	FORECASTED TOTAL
B.C.	1,450	\$ 90.00	130,500
ALTA.	835	90.00	75,150
SASK	280	90.00	25,200
MAN.	385	90.00	34,650
ONT.	2,483	90.00	223,470
QUEBEC	1,290	90.00	116,100
N.B.	172	90.00	15,480
N.S.	270	90.00	24,300
P.E.I.	44	90.00	3,960
NFLD.	110	90.00	9,900
TOTAL	7,319		658,710

MANAGEMENT COMMITTEE

E

CANADIAN DENTAL ASSOCIATION

BUDGET REVENUE

1978

CORPORATE FEES

PROVINCE	FORECASTED MEMBERS 1978	1978 FEE PER MEMBER	FORECASTED TOTAL
B.C.	1,450	\$ 10.00	14,500
ALTA.	835	10.00	8,350
SASK.	280	10.00	2,800
MAN.	385	10.00	3,850
ONT.	2,483	10.00	24,830
QUEBEC	1,290	10.00	12,900
N.B.	172	10.00	1,720
N.S.	270	10.00	2,700
P.E.I.	44	10.00	440
NFLD.	110	10.00	1,100
TOTAL	7,319		73,190

MANAGEMENT COMMITTEE

F

CANADIAN DENTAL ASSOCIATION

BUDGET - 1978

EXECUTIVE, COUNCILS AND COMMITTEES

MEETINGS AND TRAVEL EXPENDITURE

	Budget 1977	Budget 1978
<u>Executive</u>		
1. President	10,000	10,000
2. Executive (3)	3,000	18,000
<u>Councils</u>		
Executive Council		
Meetings	15,000	20,000
Council on Dental Materials & Devices	3,500	6,000
Council on Education		
1 Meeting	4,000	6,000
Miscellaneous Travel	1,500	1,500
**Survey Committee & Surveys	23,700	27,500
Recruitment Committee	1,800	-
Student Membership Committee	3,000	-
*Student Conference	4,000	-
*Teaching Conference	3,000	5,000
*Student Table Clinic	4,000	6,000
SUB TOTAL - Council on Education	\$45,000	\$46,000
Council on Health Care	\$ 5,000	\$ 5,000
Council on Hospital Services	3,000	5,000
Council on Constitution and By-laws	2,000	500
***Council on Information Services	6,000	13,200
Council on Student Affairs	-	16,000
TOTAL	\$92,500	\$139,700

* Funds to cover these items to be provided by C.F.D.E.

** To be offset by revenue from the institutions being served

*** Product Acceptance - \$5,000

MANAGEMENT COMMITTEE

G

CANADIAN DENTAL ASSOCIATION

REVENUE & EXPENDITURE STATEMENT

JOURNAL

BUDGET - 1978

	<u>Actual 1976</u>	<u>Budget 1977</u>	<u>Budget 1978</u>
<u>REVENUE</u>			
Gross Advertising	\$ 210,177	240,000	225,000
Subscriptions	9,389	8,000	10,000
TOTAL REVENUE	<u>219,566</u>	<u>248,000</u>	<u>235,000</u>
<u>EXPENDITURES</u>			
Agency Media Commissions	27,072	30,000	34,000
Customs Brokerage	908	700	800
Sales Travel Expense	6,172	3,000	5,000
Printing	87,349	85,000	90,000
Postage	14,041	25,000	22,000
Translations	2,645	800	2,400
Photography	650	400	600
Art	565	970	700
Sundry	5,659	900	5,000
TOTAL DIRECT EXPENDITURES	<u>145,061</u>	<u>146,770</u>	<u>160,500</u>
<u>ALLOCATED EXPENDITURES</u>			
Salaries	63,342	60,000	55,000
Employee Benefits	6,224	7,200	5,000
Office Expense			
a) Stationery		1,000	300
b) Xerox	500	500	200
c) Postage	2,040	3,000	300
d) Telephone	3,300	2,000	1,000
Office & Equipment Expense		4,750	1,000
TOTAL EXPENDITURES	<u>220,467</u>	<u>225,220</u>	<u>223,300</u>
EXCESS REVENUE	(901)	22,780	11,700

MANAGEMENT COMMITTEE

Certificate as to Officers &
Directors
THE MANAGER

August 8, 19 77

22-02212 Payroll Account

CANADIAN IMPERIAL BANK OF COMMERCE

Dear Sir:

This Letter is to Certify that the officers of

Canadian Dental Association are as follows:

Executive Director
Director of Administration
Accountant
Director of Student Affairs
Council Secretary

Mr. Lloyd A. Stevenson
Mr. George P. Watts
Mr. Rod A. MacLeod
Ms. Linda Teteruck
Ms. Margaret Hideg

and the following are its Directors:

Dr. M.J. Crompton
567 St. George Boulevard
Moncton, N.B. E1E 2B8

Dr. H.L. Mussells
4695 Sherbrooke Street W.
Westmount, Quebec H3Z 1G2

Dr. R.L. Moran
350 Rumsey Road
Toronto, Ontario M4G 4A4

Dr. C. Dexter
2625 Dutch Village Road
Halifax, N.S. B3L 4G4

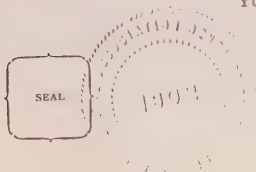
Dr. D.L. Rifa
2953 Bathurst Street
Toronto, Ontario M6B 3B2

Dr. R.A. Gray
569 - 2nd Street S.E.
Medicine Hat, Alberta T1A 0C5

Dr. C. Covit
605 Decarie Boulevard
Montreal, Quebec H4L 3L2

We hereby undertake to notify you of any changes in our Directorate and/or officers, also of any changes in by-laws (which term includes articles of association where applicable) respecting the authority of Directors, officers or employees to sign on our behalf and in particular of any changes in by-laws of which copies have heretofore or may hereafter be lodged with the Bank. You may assume that the above-named are the Directors and officers of our organization and in charge of its affairs and that our by-laws and resolutions of which you hold copies are in full force and effect until you are notified to the contrary.

Yours truly,



Michael J. Crompton
PRESIDENT
L. A. Stevenson
SECRETARY

MANAGEMENT COMMITTEE

COMPANIES - LIST OF OFFICERS AND DIRECTORS

FORM 218(5-76)

To: THE ROYAL BANK OF CANADA

I, the undersigned, Secretary of

CANADIAN DENTAL ASSOCIATION

(Name of Company)

hereby certify that the following are its officers and directors, namely:

OFFICERS (NAMES AND TITLES)

That all previous signing authorities be cancelled and, commencing August 7, 1977, the following be the officers for the Association's banking accounts:

Mr. Lloyd A. Stevenson or
Mr. George P. Watts and
Mr. Rod A. MacLeod or
Ms. Margaret Hideg or
Ms. Linda Teteruck

DIRECTORS

Dr. M.J. Crompton
567 St. George Boulevard
Moncton, N.B. E1E 2B8

Dr. H.L. Mussells
4695 Sherbrooke Street W.
Westmount, Quebec H3Z 1G2

Dr. D.L. Rife
2953 Bathurst Street
Toronto, Ontario M6B 3B2

Dr. R.L. Moran
350 Rumsey Road
Toronto, Ontario M4G 4A4

Dr. C. Dexter
2625 Dutch Village Road
Halifax, N.S. B3L 4G4

Dr. R. A. Gray
569 - 2nd Street S.E.
Medicine Hat, Alberta T1A 0C5

Dr. C. Covit
605 Dacarie Boulevard
Montreal, Quebec H4L 3L2

Dated at Ottawa this 8th day of August, 1977.

CORPORATE SEAL



Secretary

MANAGEMENT COMMITTEE

RESOLVED:

That the auditors be commended for their efforts in revising the accounting format and providing the Board with detailed and accurate reporting.

ADOPTED

REPORT
FOR
CANADIAN DENTAL ASSOCIATION
ANNUAL BOARD MEETING 1977

The National Dental Examining Board of Canada was incorporated under Federal Statute in 1952, and is in essence the successor to the Dominion Dental Council latterly known as the Dental Council of Canada. It has, however, much wider powers as all ten provinces subscribe to the By-Laws and Regulations of this Board. The Board is composed of twelve members. Each Provincial Dental Board, or analogous licensing body, appoints one member and the Council on Education of the Canadian Dental Association elects two representatives.

The National Dental Examining Board certificate entitles the holder to obtain a licence in all provinces in Canada providing that all other requirements imposed by the provincial licensing Boards are met.

As of 1971, the Board has eliminated examinations for current graduates of approved Canadian schools. The Board is satisfied that all accredited dental schools in Canada are at a satisfactory level, therefore, current graduates of these schools are entitled to receive the certificate of The National Dental Examining Board of Canada, without examination. This privilege is granted only on receipt of a proper application dated not later than March 31st of the year of graduation. Failure to apply by that date entails the writing of a NDEB examination in order to receive the certificate.

NDEB Certificates issued in 1976

a) Current graduates of Approved Canadian schools (no examination)	442
b) Graduates of Approved Canadian schools (written examination)	5
c) Graduates of Approved USA schools (written examination)	54
d) Graduates of Unapproved schools (comprehensive examination)	16
Total	517

Written Examination

The written examination consists of six subjects:

1. Oral Diagnosis, Radiology and Treatment Planning
2. Restorative Dentistry, Dental Anatomy and Fixed Partial Prosthodontics
3. Prosthodontics
4. Orthodontics, Paedodontics and Preventive Dentistry
5. Oral Surgery, Anaesthesia and Endodontics
6. Oral Medicine, Pathology, Clinical Therapeutics and Periodontics

Three days are allotted for the written examination.

Two examiners per subject review and update the multiple choice question bank in accordance with statistical data on examination results. A detailed examination outline and reference texts are provided for all candidates.

Comprehensive Examination

The comprehensive examination consists of three parts to be taken in the following order:

1. Written
2. Preclinical
3. Clinical

The requirements for the preclinical and clinical examinations are as follows:

Preclinical Examination

1. Design of removable partial dentures from diagnostic casts.
2. Articulated ivory teeth, mounted on manikin stands are used in this examination.
 - a) The preparation only of a porcelain jacket crown on an upper permanent central incisor.
 - b) The preparation only of a three-quarter cast gold crown on an upper permanent cuspid.
 - c) The preparation only of a three-quarter cast gold crown on an upper permanent first molar (on the same side as the cuspid).
 - d) The preparation and placement of a Class V composite resin restoration on a cuspid or bicuspid tooth.
 - e) The preparation, waxing and casting of a MOD gold inlay on a first lower molar.
 - f) The preparation and placement of a MOD amalgam restoration on an upper first bicuspid tooth.

NOTE: (b) and (c) are to be prepared as fixed partial denture (bridge) abutments.

Three days are allotted for the preclinical examination.

Clinical Examination

1. Oral Diagnosis, History, Treatment Plan and Radiology
- three hours.
2. The preparation, placement and finishing of a Class II amalgam restoration.
3. The preparation, placement and finishing of a labial or buccal Class V restoration using gold foil or composite resin material.
4. The fabrication and finishing of a Class II cast gold restoration (Laboratory technicians are available for the waxing, investment and casting procedures if the candidate so desires).
5. The construction of a complete upper denture and a complete lower denture for a patient up to and including the try-in stage. (Laboratory technicians are available for the construction of the occlusion rims and the setting of teeth if the candidate so desires).

Six and one-half days are allotted for the clinical examination, orientation and patient assignment.

In 1976, 91 candidates took the written examination and 57 (63%) were successful. The preclinical examination was taken by 46 candidates of whom 25 (54%) were successful. The clinical examination was taken by 48 candidates and 16 (33%) were successful.

NDEB/RCD(C)

The number of certificates issued in 1976 was 47.

The organization is in progress for the once-only special examination for those qualified specialists who wish to obtain the NDEB/RCD(C) specialist certificate and who are not eligible through affiliation with the RCD(C). This examination is scheduled for early December in Toronto. The examination will be both written and oral and will be clinically oriented. Details in regard to the once-only examination have been mailed to all interested parties.

Clinical Examinations for USA Graduates

At the recent NDEB Annual Meeting, agreement was reached in principle that the NDEB certificate would be granted to graduates of approved schools in the USA following the successful completion of both written and clinical examinations. The nature of the clinical examination has to be determined and will become effective January 1, 1979.

NDEB Finances

The NDEB finances its operations through fees charged for certificates. The foreign dentists' account is a separate entity and is funded by fees charged for the comprehensive examination.

The certificate fee for current Canadian graduates was reduced from \$200.00 to \$175.00 in 1973. Due to inflation and other factors, the NDEB has found it necessary to increase the current graduate fee to \$200.00, effective in 1978. In the meantime, a search for alternate methods of funding the NDEB operation will be conducted.

Executive Council is opposed to any fee increase to the students for the NDEB examination.

The following examination fee structure will be effective January 1, 1978:

Written examination	\$ 400.00
Preclinical examination	500.00
Clinical examination	1,100.00
Comprehensive examination	2,000.00

A financial statement is attached for your information.

NDEB move to CDA Headquarters

After careful consideration of NDEB finances, the decision has been made to remain in the present location for another year.

Students

Mr. David Sweet, a student representative, attended a portion of the 1977 NDEB Annual meeting. Mr. Sweet presented the students' concerns and considerable time was spent in discussion with Mr. Sweet.

Executive Council would like these concerns elaborated upon and what actions were taken as a result of the discussions.

A meeting was held in May of 1977 between the Executive Council on CDA and NDEB. The discussion was useful in that it provided both groups an opportunity to speak frankly on matters of mutual concern. The NDEB is anxious to act at all times in a spirit of cooperation and good will with other dental organizations.

Executive Council is concerned with budgetary appropriations, and increase in budget and salary scales.

Executive Council would prefer to have some say in the appointment of the representatives from the Council on Education to the NDEB and makes reference to the following motion:

"Whereas representation is on behalf of the Board of Governors and is not an appointment by a Council or Committee but is a recommended nominee to the Board, i.e. Executive Council, therefore it is moved that all appointees representing the Canadian Dental Association on committees of external organizations will be chosen by Executive Council and ratified by the Board of Governors." (1976T15)

RESOLVED:

That the report of the N.D.E.B. be received with thanks.

ADOPTED

Mr. A. Worth, Student Governor, registered his opposition to the adoption of this report.

Statement of Income and Expenses
Year ended April 30, 1977

	<u>General Fund</u>	<u>Foreign Dentists' Fund</u>
Income	\$ 111,125	\$ 76,972
Expenses:		
Salaries and Employee Benefits	44,800	14,933
Depreciation	1,112	-
Rent	8,511	-
Office expenses	12,875	3,156
Written examination expenses	9,450	-
Preclinical & Clinical exam expenses	-	44,190
Meeting costs	16,475	8,857
Representatives to Survey Policy Committee, Council on Ed. etc.	8,094	-
Grant to CDA Council on Education for surveys of Undergraduate and Graduate programmes	15,000	-
	<u>\$ 116,317</u>	<u>\$ 71,136</u>
Net Income (loss) for year	\$ (4,986)	\$ 5,836
Surplus at beginning of year	99,716	21,093
Surplus at end of year	94,730	26,229
Budget 1977/78	146,003	122,167
Anticipated Income 1977/78	124,000	122,500

NECROLOGY

RECORDS DEPARTMENT

Ms. C. Cronin

Since the last Annual Meeting of the Canadian Dental Association, the deaths of the following members have been recorded:

ADAMEC, A	Winnipeg, Man.
ALLEN, Ernest Fraser - R.C.D.S. 1923	Langley, B.C.
ARMSTRONG, H.G. - R.C.D.S. 1922	Port Credit, Ontario
ARMSTRONG, Willard Ferrier.- Toronto 1925	Espanola, Ontario
AUGER, Fernand - Montreal 1941	Victoriaville, Que.
AUNGER, W.R. - Toronto 1929	Stettler, Alberta
BEAUMONT, Jean-Claude	Quebec, P.Q.
BECKETT, Russell	Ottawa, Ontario
BOURQUE, Jean - Montreal 1953	Lac Megantic, Quebec
BOWMAN, John Owens (Capt) Alberta 1958	Aldergrove, B.C.
BRAATEN, Chester Roland - McGill 1950	Vancouver, B.C.
BRAULT, Jean Charles - Montreal 1923	Montreal, P.Q.
BRITTON, Garnet Lyons - Toronto 1920	Guelph, Ontario
CARMICHAEL, Norman Gavin - Toronto 1910	Winnipeg, Manitoba
CARTY, John Henry - Toronto 1954	Kingston, Ontario
CAULFIELD, J.H. - R.C.D.S. 1920	Ayr, Ontario
CHAMPAGNE, J.H. Donat - Montreal 1919	Montreal, P.Q.
CORDONE, Joseph A. - Toronto 1943	Toronto, Ontario
CORDEAU, Denis	Granby, Quebec
DELMAR, Goodwin Dawson - Toronto 1953	Neepawa, Manitoba
DESROCHES, Emile	Montreal, P.Q.
EATON, K.B. - Harvard 1932	Kentville, N.S.
ERHARDT, Ronald Walter - Toronto 1954	Niagara Falls, Ontario
FLORENCE, Donald Eugene - Toronto 1941	Fort McMurray, Alberta
FULFORD, Cecil Harold - R.C.D.S. 1918	Peterborough, Ontario
GRAHAM, C.C. - R.C.D.S. 1917	Russell, Manitoba
GREY, H.S.	New York, N.Y.
HAMEL, Maurice Robert - McGill 1955	Montreal, P.Q.
HUSBAND, Clarence D. - Alberta 1928	Red Deer, Alberta
HUSOLO, H. - McGill 1956	Mount Royal, P.Q.
INCIMUNDSON, August, B. - Toronto 1930	Winnipeg, Manitoba
ISHIWARA, George Akira - Oregon 1934	Vancouver, B.C.
JANZEN, William Eldon - Alberta 1931	Wetaskiwin, Alberta
JOHNSTON, J.H.	St. Thomas, Ontario
KENNEDY, John D. L. - McGill 1954	Brandon, Manitoba

NECROLOGY

LEBLOND, Oscar - Montreal 1953	Grand Falls, N.B.
LIPMAN, Daniel - Toronto 1943	Toronto, Ontario
LOUCKS, Fred Stanley - R.C.D.S. 1909	Toronto, Ontario
MARCHAND, Jacques - Montreal 1953	Montreal, P.Q.
MENZIES, Archibald P. - Dalhousie 1956	Newcastle, N.B.
MURPHY, George Newman - Toronto 1929	Sudbury, Ontario
MACDONALD, Thomas Forrester, Pennsylvania 1905	Nova Scotia
McCUTCHEON, James - McGill 1945	Edmonton, Alberta
PROVENCHER, Henri - Montreal 1920	Riviere du Loup, P.Q.
RAMSAY, Allen Robert - McGill 1949	Montreal, P.Q.
RICE, R.N.D. - Dalhousie 1944	Petitcodiac, N.B.
SIVERS, William Mee - R.C.D.S. 1905	Toronto, Ontario
SMITH, Neil Carmichael - R.C.D.S. 1925	Markdale, Ontario
SMITH, W.C. - Toronto 1958	London, Ontario
SPROUL, Frank E.	Newcastle, N.B.
THOMPSON, J.E. - R.C.D.S. 1915	Islington, Ontario
THURSTON, Gordon Bertram - Toronto 1926	Edmonton, Alberta
TURACK, Edward John - Toronto 1943	Toronto, Ontario
TURNER, John Whitlock - R.C.D.S. 1916	Niagara Falls, Ontario
VEILLEUX, Paul E. - Montreal 1938	Longueuil, P.Q.
VERTH, John - Toronto 1926	Paris, Ontario
VRBANCIC, John Ivan - Croatia (Zagreb) 1961	Calgary, Alberta
WAGG, Donald Arthur - Toronto 1950	Toronto, Ontario
WHITE, Cecil Charles - Toronto 1927	Windsor, Ontario
GARVIN, Matthew Henry, Toronto 1903	Winnipeg, Manitoba
LEAHY, W. Gordon	Montreal, P.Q.

NOMINATIONS

MEMBERS: D.L. Rife, Chairman, Toronto; W.R. Upton, Vancouver;
P. Christie, Halifax; D.C. Clee, Toronto.

R E P O R T

1. Appendix I of this report provides a list of all eligible nominees for vacant offices, prepared in accordance with Article X, Section 3 of the By-laws.
2. Nominees for vacant offices were requested in accordance with Article XIV Section 4 (I) of the By-laws.
3. Council wishes to express its appreciation to all those who have been willing to allow their names to stand in nomination.

NOMINATIONS FORM:

4. Council prepared a new Nomination Form, embracing the requirements of Article XX Section I Conflict of Interest, and placed it in use on an experimental basis. Having found the results of this use adequate to the needs of the Association, Council recommends the adoption of the revised Nominations Form (Appendix 2) for Association use.

The Board agrees.

ELIGIBILITY:

5. In accordance with Article XIV Section 4 (I) Council ruled on the eligibility of all candidates with respect to Article IX and Article XX.

No nominations were rejected on the grounds of membership.
Two nominations were withdrawn because they did not meet the terms of the office being sought.

COUNCIL ON NOMINATIONS:

6. The Board is reminded that Council on Nominations is constituted under Article XIV Section 4 (I) of the By-laws.

"The Nominations Council shall consist of three members elected by the Board at its Annual Meeting pursuant to Article X Section 5 of these By-laws, together with the President-Elect who shall be Chairman. The membership should be geographically representative of the Association and should include one or more past-presidents."

Article X Section 5 of the By-laws states:

"Nominations for a member of the Nominations Council for a term of three (3) years shall be made from the floor by a member or members of the Board of Governors."

NOMINATIONS

The terms of present members are:

W.R. Upton, Vancouver 1978 (2)

P. Christie, Halifax 1979 (1)

D.C. Clee, Toronto 1977 (2)

Council notes that the term of office for Dr. Clee ends this year and wishes to express to Dr. Clee our sincere appreciation for his service to this Council.

A nomination from the floor will be required to replace Dr. Clee.

RESOLVED:

That Dr. Lindsay Mussells be nominated to serve on the Council on Nominations.

ADOPTED

ELECTIONS:

7. As a result of the nominations procedure, elections will be required for:

President-Elect

Council on Hospital Services - Atlantic provinces representative.

8. Elections will take place as noted on the Board's Agenda.

ERRORS AND OMISSIONS:

9. In the memorandum on CDA Nominations 1977, certain corrections are required, none affecting the elections.
 - a) Previously, lists were not circulated to the CDNAA and the CDHA. This was corrected.
 - b) On the Council on Education, Dr. J.D. McLean was listed as representing the ACFD. Council wishes to thank Dr. Wesley J. Dunn for noting this error. As a result, a nominee was solicited from the ACFD.
 - c) On the Council on Health Care, Dr. J.W.S. McMullen was listed as being on his second term (2). This error was noted and corrected to being on his first term. Council wishes to thank Dr. John Rooney for noting this error.

BIOGRAPHICAL SKETCHES:

10. For those candidates who submitted them and are standing for election for President-Elect and Atlantic Provinces Representative on Hospital Services Council, biographical sketches are appended as Appendix 3.

NOMINATIONS

REFERENCES:

11. Council requests that the references in the Constitution Article XIV Section 2 (a) and (c) be checked for accuracy by the Council on Constitution and By-laws. (The references are to Article XIV Section 4 (k).)

This has been done and the references have been eliminated.

12. Dr. Rife stated that under the Constitution, the duties of Chairman of the Nominations Council are assumed by the President-Elect. However, under the revised Constitution, the President-Elect is also Chairman of the Management Committee and in view of the volume of work which has to be undertaken in a short time frame for this Council and Committee respectively, it was felt that these duties should be divided between the President-elect and the Past President.

The Board accordingly approved the following motion:

RESOLVED

That the Past-President assume the Chairmanship of the Nominations Council.

ADOPTED

Article XIV, Section 4(i) of the Constitution will now read as follows:

(i) Council on Nominations

The Nominations Council shall consist of three members elected by the Board at its annual meeting, pursuant to Article X, Section 5, of these By-laws, together with the Past-President, who shall be chairman. The membership should be geographically representative of the Association and should include one or more past presidents.

RESOLVED:

That Drs. Rooney and Peacock be appointed as scrutineers for the elections.

ADOPTED

RESOLVED

That the nominees for the Council on Education should be Drs. Freeze and Myers.

ADOPTED

The Chairman suggested that the report of the Nominations Committee, as it relates to the Council on Education, be accepted in its present form

NOMINATIONS

The Chairman suggested that the report of the Nominations Council, as it relates to the Council on Education, be accepted in its present form, and further, that by the next election, either a revised report on the structure of the Council be available or that the status of the present representation be reviewed and confirmed.

The Board agreed with this suggestion.

The President thanked Dr. Gray for his service to C.D.A. over the years and looked forward to having him represent C.D.A. at the F.D.I. meeting in Toronto.

RESOLVED

That the report of the Nominations Council be accepted.

ADOPTED

OFFICE	COMMENTS	ELIGIBILITY	TERM	NOMINATIONS	ELECTION REQD.*
Chairman of the Board Incumbent - N.A. Mancini	Elected annually	Active or Honorary Member	1 year	N.A. Mancini	
President-Elect Incumbent - D.L. Rife	Elected annually	Voting member of Board of Governors	1 year	R.A. Gray R.L. Moran	*
Executive Council 3 vacancies	Replacing: C. Covit (appointed to fill unexpired term) R.A. Gray R.L. Moran	Members of Board of Governors	2 years	C. Covit A.J. Shinoff G.E. Utas	
Constitution & By-laws 1 vacancy Incumbent - H.R. MacLean	Completing 2nd term	Active member	3 years	G.E. Decker	
Education 2 vacancies Incumbents - G.A. Freeze* - G. Perlmutter*	*appointed to fill unexpired terms	Active member ACFD NDEB 2 non-university affiliation	3 years	G.A. Freeze (NDEB) G.W. Myers (ACFD)	
Ethics 2 vacancies G.H. Peacock* R.J. Warshawski*	*completing 1st term	Active member	3 years	G.H. Peacock R.C. Thorpe	

OFFICE	COMMENTS	ELIGIBILITY	TERM	NOMINATIONS	ELECTION REQD.*
<u>Health Care</u> 6 vacancies D.A. Eisner T.J. Gushue* R.H. Sexton*	Completing 2nd term *appointed to fill unexpired terms	Active member Nova Scotia Newfoundland Ontario Saskatchewan CDNAA CDHA	3 years	D.E. Macleod (N.S., Nfld.) R.J. Sexton (Ontario) E. Freidin (Sask) (CDAA) (CDHA)	
<u>Hospital Services</u> 3 vacancies Incumbents - A.G. Parnell* - S.M. Claman*	*completing 2nd terms	Active member Atlantic Provinces Prairie Provinces British Columbia	3 years	A.E. Hoffman* } Atlantic * D.E. Pelkey* } K.M. Gordon - Prairie W.H. Susse1 - B.C.	
<u>Information Services</u> 2 vacancies W.B. Chapple (1) K.L. Croft (2)	(1)ineligible to run due to regional rep (2)ineligible to run due to membership requirements	Active member Prairie Provinces British Columbia	3 years	E. Freidin (Prairie) W.D. Scramstad (B.C.)	
<u>Legislation</u> 1 vacancy Incumbent - J.H. Young	completing 1st term	Active member	3 years	C.G. Travis	
<u>Nominations</u> 1 vacancy Incumbent - D.C. Clee	completing 2nd term	Active member Geographic and/or past-president nominated from floor	3 years		
Canadian Dental Service Plans Inc. no vacancies			To 1978		

NOMINATION FORM

One form must be completed for each candidate. Candidates must be eligible to assume office if elected (see conflict of interest by-law on reverse of this form, and specific regional or other stipulations for nomination on the attached memorandum).

Please check or complete one of the following:

THIS NOMINATION IS FOR: CHAIRMAN OF THE BOARD _____ PRESIDENT-ELECT _____
 EXECUTIVE COUNCIL _____
 C.D.A. REPS. TO C.D.S.P.I. _____
 COUNCIL ON _____

Note: Associate or Affiliate members are not eligible for nomination to the Board of Governors or Executive Council.
 Student members are not eligible for nomination to the Executive Council.

Please print or type the following:

CANDIDATE'S NAME _____
 CANDIDATE'S ADDRESS _____
 _____ POSTAL CODE _____

It is desirable for a nominee to attach a brief biographical sketch if possible.

IN ACCORDANCE WITH THE STIPULATIONS OF THE CONSTITUTION AS TO REGIONAL OR OTHER REPRESENTATION, AND, AS TO MY ENTITLEMENT TO MAKE NOMINATIONS, I PROPOSE THE ABOVE CANDIDATE FOR NOMINATION.

Please print or type the following:

NOMINATOR _____
 OFFICE OR POSITION HELD _____
 SIGNATURE _____

ARTICLE II, SECTION 1 OF THE CONSTITUTION APPEARS ON THE REVERSE OF THIS NOMINATION FORM. THIS ARTICLE DEALS WITH POSSIBLE POTENTIAL CONFLICTS OF INTEREST.

Nominee will please initial one of the following:

- (a) I HAVE NO KNOWN POSSIBLE POTENTIAL CONFLICT OF INTEREST _____
 (b) I HAVE A POSSIBLE POTENTIAL CONFLICT OF INTEREST _____
 If (b), please explain potential conflict on reverse of this form.

I AGREE TO PERMIT MY NOMINATION AND QUALIFY BY ACTIVE _____ AFFILIATE _____
 ASSOCIATE _____ STUDENT _____ MEMBERSHIP IN THE ASSOCIATION.

SIGNATURE OF NOMINEE _____

Return this completed form by June 15, 1977 deadline to:

Dr. D.L. Rife, 2953 Bathurst St. Toronto, Ont. M6B 3B2

ACCORDING TO ARTICLE XX, SECTION 1 OF THE CONSTITUTION,
THE FOLLOWING IS STATED:

- (d) All nominees for election or appointment to Councils or Committees of the Association shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- (e) No otherwise qualified member of the Board of Governors shall be nominated or eligible for election to the Executive Council or shall continue to be a member of the Executive Council if he becomes interested or involved directly or indirectly in any business or undertaking which provides dental supplies or services of any kind to the dental profession.
- (f) That, of itself, being a Trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a potential conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.
- (g) That no otherwise qualified member of councils of the Association shall continue to be a member if he becomes interested in or involved, directly or indirectly, in any business or undertaking which provides dental supplies or services of any kind to the dental profession.
- (h) The Board shall be the final authority on any disputed conflict of interest.

BIOGRAPHICAL INFORMATION

NAME: GRAY, Robert Archie

ADDRESS: Dental Building, 569 - 2nd Street South East
Medicine Hat, Alberta

DATE AND PLACE OF BIRTH: 3 June 1919, Sec 5, Tp 17, Rge 31, Wlst. Sask.

POSITION/PRACTICE: Private Practice

MARITAL STATUS: Married, Elsie E. CHILDREN: 6 daughters, 3 granddaughters

EDUCATION: High School(s) and University(ies)

Omar S.D. #3339 and Kelvington, Sask.
University of Alberta, Edmonton, Sask, Graduated 1950

DEGREES: (with Dates)

D.D.S. University of Alberta 1950

EXPERIENCE: Including previous appointments, military service, publications,
research projects, etc.

Royal Canadian Dental Corps 1950-57
Medicine Hat, 1957-

ORGANIZATIONS: Association or club membership

Board of Alberta Dental Association 1961-68
President ADA 1966-67

Board of Governors Canadian Canadian Dental Association 1969-

Rotary, Toastmasters, Gideons Canadian Club

OTHER:

Church: First Assembly of God (PAOC)

MILITARY SERVICE: CADC, CDC, RCDC 1940-45 Dental Tech. 1949-57 Dental Officer

CURRICULUM VITAE

NAME: R. L. Moran, D.D.S. F.R.C.D. (C)

ADDRESS: 2 Ravenscroft Circle, WILLOWDALE, Ontario. M2K 1W9.

D. of B.: May 30th, 1937, at Port Arthur, Ontario.

Married with 3 children. Roddy - D. of B. April 10th, 1963 Wife - Dolores
 David - D. of B. March 19th, 1965
 Laura - D. of B. October 5th, 1968.

Senior Matriculation	Fort William Collegiate Institute - 1956
D.D.S. Degree	Faculty of Dentistry, University of Toronto, 1961
Dip. Paed.	1967
F.R.C.D. (C)	1972
Royal Canadian Dental Corps	1961 - 1965
Clinical Assistant, Dental Dep't. at Hospital for Sick Children	1964 - 1968
Graduate School, U. of T. Faculty of Dentistry, Dep't. of Paedodontics	1965 - 1967
Diploma in Paedodontics, Faculty of Dentistry, U. of T.	1967
Specialist Certificate in Paedodontics, Royal College of Dental Surgeons of Ontario	1967
Director of Dentistry, Ontario Crippled Children's Centre	1967 to present
Consultant in Paedodontics, Dental Dep't. Hospital for Sick Children	1968 - 1974
Fellow of the Royal College of Dentists of Canada	1970
Clinical Assistant, Dental Dep't. Hospital for Sick Children	1974 to present
Clinical Assistant, Faculty of Dentistry U. of T.	1967 - 1968
Associate in Dentistry, Faculty of Dentistry, U. of T. Paedodontic Graduate Section	1969 to present
Consultant in Paedodontics, North York General Hospital	1974 to present.

CURRICULUM VITAE - cont'd.

ASSOCIATIONS

Canadian Dental Association 1961 to present.
 Ontario Dental Association 1961 to present.
 Toronto Academy of Dentistry 1961 to present.
 American Association of Dentistry for the Handicapped 1967 to present.
 Canadian Academy of Paedodontics 1968 to present.
 Ontario Society of Paedodontists 1967 to present.
 Royal College of Dentists of Canada 1970 to present.
 Member Omicron Kappa Upsilon Honour Dental Society 1974 to present.
 Canadian Society of Dentistry for Children 1965 to present.

OFFICES AND APPOINTMENTS

Council, Toronto Academy of Dentistry 1965 - 1967
 Governor, Ontario Dental Association 1967 - 1974
 Executive, Ontario Dental Association 1969 - 1974
 President, Ontario Dental Association 1974
 Executive, Canadian Dental Association 1975 to present
 Founding Chairman, University of Toronto Student Health Organization
 (Dental Division) Alexandra Park Project
 Chairman, Organizing Committee Demonstration Model Project, Ont. Government DM86
 Member, Medical Advisory Committee, Ontario Crippled Children's Centre,
 1967 to present
 Member, Professional Advisory Committee, Ontario Society for Crippled Children,
 1970 to present
 Member, Task Force on the Provision of Dental Care for Handicapped and
 Retarded Persons - presently
 Panel Member, Ontario Government Task Force on Handicapped Children.

Presented numerous papers on Dentistry for Children and on Dentistry for the Disabled.

AWARDS

Academy of Dentistry prize, Clinical Paedodontics, 1961.

- - - - -

NAME: PELKEY, Donald E.

ADDRESS: 555 Coverdale Road
Moncton, N.B. E1B 3K7

POSITION/PRACTICE: Private Practice, Moncton, 1974- (St. John's 1969-71)

EDUCATION: .
Dalhousie University 1969
Dalhousie University 1974

DEGREES: (with dates)
D.D.S. Dalhousie University 1969
Masters Degree in Oral Surgery, Dalhousie, 1974

EXPERIENCE: Including previous appointments, military service,
publications, research projects. etc.

ORGANIZATIONS: Association or club membership
Moncton Dental Society
President, Moncton Dental Society 1976-77

NAME: HOFFMAN, Alexander Eli

ADDRESS: 5880 Spring Garden Road
Halifax, Nova Scotia

DATE AND PLACE OF BIRTH: October 30, 1927, Saint John, New Brunswick

POSITION/PRACTICE: Assistant Professor of Oral Surgery, Dalhousie University
Heal, Oral Surgery Department, Infirmary Hospital

MARITAL STATUS: Married CHILDREN: Three

EDUCATION: High School(s) and University(ies)
Saint John Public Schools, N.B.
Mount Allison University
Dalhousie University
Faculty of Dentistry, Dalhousie University
Tufts University - Basic Sciences (Oral Surgery)
Henry Ford Hospital Detroit, Residency (Oral Surgery)

DEGREES: (with Dates)
D.D.S. Dalhousie University, 1955
F.R.C.D.(c)
Charter Fellow - Royal College of Dentists of Canada, 1966

EXPERIENCE: Including previous appointments, military service, publications,
research projects, etc.
1958-62 Associate Professor of Oral Surgery, Dalhousie University
1959-62 Head, Dept. of Dental Surgery, Victoria General Hospital
1962- Consultant in Dentistry, Halifax Infirmary
1967- Assistant Professor of Oral Surgery, Dalhousie University
Head, Oral Surgery Department, Infirmary Hospital

ORGANIZATIONS: Association or club membership
Halifax County Dental Society
Nova Scotia Dental Association
Canadian Dental Association
Canadian Society of Oral Surgeons - President 1965-66
American Society of Oral Surgeons
Chalmers J. Lyons Academy of Oral Surgeons
International Society of Oral Surgeons

OTHER:

ELECTED OFFICERS, OFFICIALS, COUNCILS
1977-78

President	...	...	...	...	D.L. Rife, Toronto
President-Elect	...	...	...	...	R.L. Moran, Toronto
Immediate Past-President			...	...	M.J. Cipton, Moncton
Chairman of the Board	...	...	...	...	N.A. Mancini, Hamilton

COUNCILS

Executive	...	...	...	D.L. Rife, Toronto, R.L. Moran, Toronto M.J. Cipton, Moncton C. Covit, Montreal C.E. Dexter, Halifax A.J. Shinoff, Winnipeg G.E. Utas, Grande Prairie	1979 (1) 1978 (1) 1979 (1) 1979 (1)	(Chairman)
Constitution & By-Laws	...			G.E. Decker P.S. Christie, Halifax W. Heaslip, Toronto M. Tenenbaum, Montreal	1980 (1) 1978 (2) 1978 (1) 1979 (1)	
Education	...	...	...	W.H. Feasby, London E.R. Ambrose, Montreal R. Coulombe, Lachine J.D. McLean, Halifax D. Yeo, Vancouver G.H. Peacock, Saskatoon E. Rajczak, Hamilton G.A. Freeze, North Vancouver G.W. Myers, Edmonton	1978 (2) 1978 (2) 1979 (2) 1979 (2) 1979 (1) 1979 (1) 1979 (1) 1980 (1) 1980 (1)	(Chairman)
Ethics	...	...	...	R.A. Epstein, Halifax J.W.M. Bradey, Guelph P.Y. Lamarche, Montreal G.H. Peacock, Saskatoon R.C. Thorpe, Burnaby	1978 (2) 1979 (1) 1979 (1) 1980 (2) 1980 (1)	(Chairman)
Health Care	...	...	...	R.G. Dickson, Drumheller J.F. Begin, C.F.D.S. D.E. MacFarlane, Vancouver E. Freidin, Saskatoon B. Goldberg, Winnipeg J. Belanger, Montreal J.W.S. McMullen, Fredericton D.E. MacLeod, Kentville R.J. Sexton, Toronto R.A. Janes, Gander P.J. Kirby, Edmonton J.R. Robertson, Summerside	1978 (2) 1979 (1) 1978 (2) 1979 (1) 1978 (1) 1979 (2) 1979 (1) 1980 (1) 1980 (1) 1980 (1) 1979 (2) 1979 (2)	(Chairman)

Hospital Services	...	M. Gornitsky, Montreal	1980 (1)	(Chairman)
		J.H.P. Main, Toronto	1978 (1)	
		R. Mulrooney, Scarborough	1978 (1)	
		P. Surprenant, Sherbrooke	1978 (2)	
		A.E. Hoffman, Halifax	1980 (1)	
		K.M. Gordon, Edmonton	1980 (1)	
		W.H. Sussel, Chilliwack	1980 (1)	
Information Services		A.E. MacLeod, Halifax	1978 (1)	(Chairman)
		Mr. M.G. Tremblay, Montreal	1978 (1)	
		R.L. Ellis, Mississauga	1978 (1)	
		E. Freidin, Saskatoon	1980 (1)	
		W.D. Scramstad, Surrey	1980 (1)	
Legislation	...	R.G. Balderson, Ottawa	1979 (1)	(Chairman)
		C.G. Travis, Ottawa	1980 (1)	
		O.H. Phillips, Ottawa	1978 (2)	
Nominations	...	M.J. Crompton, Moncton		(Chairman)
		P. Christie, Halifax	1979 (1)	
		H.L. Mussells, Montreal	1980 (1)	
		W.R. Upton, Vancouver	1978 (2)	

ANNUAL REPORT

1976 - 1977

EXECUTIVE (1976-77)

J. P. Sapp, President, London; H.M. Dick, President-Elect, Edmonton;
J. D. Spouge, Vice-President, Vancouver; B. Harsanyi, Secretary, Halifax;
T. P. McCrory, Treasurer, Montreal; J. R. Trott, Immediate Past President,
Winnipeg.

1. The 19th annual meeting was held at the Portland Hilton Hotel, Portland Oregon, May 11, 1977 in association with the American Academy of Oral Pathology annual meeting.
2. The relationship of the CAOP to the Canadian Association of Pathologists (CAP) was discussed and a decision not to become a section of CAP was reached but that members of the Academy be encouraged to join as associate members on an individual basis.
3. The Academy continues to grow with three new members being elected to membership.
4. Six new cases were submitted by the Professional and Public Relations Committee for distribution to the oral pathology departments of each dental school.
5. On behalf of the Public and Professional Relations Committee, Dr. J. R. Trott presented a report on the results of a Survey of Oral Pathology in Canada. This previously circulated report was discussed regarding its contents, implications and circulation. A copy of the final report will be forwarded to the CDA.
6. Due to the size of the Academy and the difficulties experienced in administering its affairs when the Secretary and the Treasurer are widely separated, the executive presented a series of amendments to the Constitution and By-Laws to combine the executive positions of Secretary and Treasurer to one position of Secretary-Treasurer. These amendments were passed by the Academy and they will be forwarded to the CDA for approval.
7. The 12th Annual Meeting of the Academy will be held in association with the American Academy of Oral Pathology, April 24-28, in Fort Lauderdale, Florida.
8. The 1977-78 executive is as follows: Dr. H. M. Dick, President, Edmonton; Dr. B. B. Harsanyi, President-Elect, Halifax; Dr. G. P. Wysocki, Vice-President, London; Dr. B. B. Harsanyi, Secretary-Treasurer, Halifax; Dr. J. P. Sapp, Past-President, London.

J. Philip Sapp

Received as information.

The Academy is commended for its activities during the year.

CANADIAN SOCIETY OF ORAL SURGEONS REPORT

EXECUTIVE: Dr. F.W. Lovely, President; Dr. G. Maranda, President-Elect;
Dr. D.S. Precious, Secretary; Dr. J.H. Gryfe, Treasurer;
Dr. S.M. Claman, Immediate Past President.

1976 Annual Meeting:

1. The 1976 Annual Meeting of the Canadian Society of Oral Surgeons was held in Halifax on July 24 - 27, 1976.

Clinicians were: Dr. W.F. Harrigan and Dr. O.A. Hayne.

1977 Annual Meeting:

2. The 1977 Annual Meeting will be held in Toronto on October 28th, 29th, 30th and 31st, to permit C.S.O.S. members to attend the 1977 C.D.A. Meeting.

Education:

3. Recipient of the 1976 C.S.O.S. Research and Essay Award was Dr. P.F.G. Stirling, who presented his paper entitled "A Survey of the Absorption of Oral Penicillin G. Elixir in Diabetic and Non-diabetic Oral Surgery Patients, to the 1976 Annual Meeting.

4. C.S.O.S. Book Awards were made to the following students:

Dr. J.M. Hicks	Dalhousie University Universite de Montreal McGill University Universite Laval University of Western Ontario
Dr. Linda Lee	University of Toronto
Dr. Gordon W. Johnson	University of Saskatchewan University of Manitoba University of Alberta
Dr. G.J. Wittenberg	University of British Columbia

5. The C.S.O.S. is in the process of meeting the request of the C.D.A. to forward a copy of the Advanced Training Programs in Oral Surgery in Canada.

Membership:

6. New members were elected to the Society, bringing the total membership to (113) one hundred and thirteen.

Received as information.

The Society of Oral Surgeons is commended for its activity during the year.

April 25, 1977.

Executive Director,
Canadian Dental Association
1815 Alta Vista Drive,
Ottawa, Ontario.
K1G 3Y6

Dear Sir:

President's Report to the Canadian Dental Association

Executive	R. Pileski	Hamilton	President
	L. Melosky	Winnipeg	President Elect
	R. Faith	Montreal	Vice President
	J. Schachter	Saskatoon	Sec. Treasurer

1976 Annual Meeting

The 1976 Annual Meeting of the Canadian Association of Orthodontists was held in Edmonton Alberta, September 12-15 in conjunction with the C.D.A. Convention.

The Grieve Memorial Lecture was presented by Dr. R. Riedel on the first day of the C.D.A. Convention. The lecture was very popular and was presented to a standing room only crowd.

New members were elected to the C.A.O. bringing the total membership to 233.

A Notice of Motion was given to add to Article IV of the Constitution a category for LIFE MEMBER. This category would include members who have been in dental or orthodontic practice for 40 years and who are in good standing and have rendered valuable service to the science of orthodontics. Such members shall be exempt from dues and assessments.

Membership certificates are to be distributed to the C.A.O. membership and special Post-President's Certificates have been inscribed, framed and sent to all Past Presidents of the C.A.O.

A motion was passed that the Annual Dues for 1975 be increased to \$35.00 to maintain the standard of Convention in the forthcoming years.

A motion was passed that the 1977 Annual Meeting and Scientific Session of the Association be held in Toronto, October 20-23 just prior to the 65th Annual World Dental Congress Meeting.

Congratulations were extended to Dr. M. Cripton on being elected to the Presidency of the Canadian Dental Association for 1976-77. In honour of this election a motion was passed to send the sum of \$100.00 to the C.F.D.E.

Congratulations were also extended to Dr. R. Faith on being elected to the Board of the R.C.D.C.

1977 Meeting in Toronto

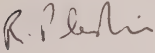
The 1977 Annual Meeting will be held in Toronto, Ontario on October 20-23 just prior to the 65th Annual World Dental Congress. The meeting shall be held at the Hyatt Regency Hotel. Because of the lack of an official C.D.A. Convention, a decision was made for this year only to omit the Grieve Memorial Lecture in accordance with the terms of reference that govern this lecture series.

The scientific programme will encompass cranio facial growth and development in clinical practice and the principles of occlusion as applied to the treatment of orthodontic problems.

The major clinicians will be Dr. A. Gianelly, Professor and chairman of the Department of Orthodontics, Boston University Medical Centre and Dr. R. Chiappone of Moraga California.

The 1978 Annual Meeting and Scientific Sessions of the Association will be held in Winnipeg Manitoba.

Sincerely yours,



Ronald C. Pileski,
D.D.S., D. Ortho.
President of Canadian
Association of Orthodontists

RCP:nh

This report was received as information.

The Association is commended for its activities during the year.

PAEDODONTICS

EXECUTIVE: G.M. Jinks, Vancouver, President; B.A. Richardson, Kitchener, Past President; D.M. Kozloff, Montreal, Vice President; F. Pulver, Toronto, Secretary/Treasurer.

REPORT

1. The Canadian Academy of Paedodontics held its annual meeting in Edmonton in conjunction with the Canadian Dental Association, on Monday, September 13, 1976. Dr. S. Wei of Iowa City was the main speaker.
2. The annual business meeting was also held on September 13, 1976 in Edmonton. There were 11 members present and 3 observers.
3. Membership has still continued to increase. We now have 85 active members and 3 new applicants.
4. Our academy has been in direct communication with Dr. Alan Hannam of the C.D.A. with respect to special requirements for specialists in Canada.
5. Our 1977 meeting was held in Montreal on May 20, 21 and 22 in conjunction with the second Canadian Congress of Dentistry for Children for which our Academy is a co-sponsor. Fifty-eight of our members from across Canada were in attendance.
6. Our Secretary/Treasurer, Dr. F. Pulver, or an alternate representative will represent our Academy at the C.D.A. Board of Governors meeting in Ottawa on September 29, 30.
7. Plans are underway for our 1978 meeting to be held in Winnipeg in conjunction with the C.D.A. September 10-13.
8. The third Canadian Congress of Dentistry for Children is now being planned for Vancouver for the Spring of 1979.

The Board received this report as information and commended the Academy for its activities during the year.

Information Statement to the Canadian Dental Association Board of Governors.

September - 1977.

The last information report of the Royal College of Dentists of Canada was presented to the Board of Governors in September 1976 in Edmonton, Alberta.

1. Fellows.

At the present time the College has 279 Fellows, 85 of whom are Charter Fellows, 182 are Fellows by examination and 12 are Honorary Fellows. At the Convocation to be held in Toronto in October, 1977, 18 Fellows will receive their Fellowships - 14 having successfully completed the Part I and Part II examinations, 3 who were unable to take their Fellowships last year in Oral Pathology, having passed the Initial Interim examinations and 1 in Public Health. We also anticipate that there will be 5 new Fellows in Prosthodontics (Restorative Dentistry) who were successful in the special Prosthodontics examination held on June 2 and 3. The College hopes to bestow Honorary Fellowships on two internationally distinguished dentists, Dr. G. Leatherman of London, England, and Dr. M. Hine of Indianapolis, Indiana, U.S.A. We very much hope that these two well-known men will each give a short Convocation address. It is with regret that we record the passing of one of our original Charter Fellows, Dr. J. McCutcheon, and Dr. C. R. Braaten, Fellow by examination.

2. Examinations.

The Part I (written) examinations were held this year on June 20, in regional centres in Canada and the United States. There were 41 candidates. The Part II (oral) examinations will be held on December 3 for approximately 22 candidates.

There has been more enthusiasm about taking the College's examinations this year than ever before.

3. Standardization of specialty Certification across Canada.

The National Dental Examining Board has now sent out 60 portable specialty certificates to Fellows of the College and those who were successful in the College's Part I examinations since 1975.

Next December, the National Dental Examining Board will hold a special examination for those provincially qualified specialists who wish to obtain a NDEB/RCD(C) specialist certificate and who are not eligible through affiliation with the RCD(C). The examination will be both written and oral and will be clinically oriented. The examiners will be Fellows of the Royal College acting on behalf of the NDEB. The Credentials Committee of the RCD(C) will also assess the candidates for this examination on behalf of the NDEB.

4. FDI/CDA Convention.

During the FDI/CDA Convention in Toronto in October, 1977, the Royal College will take part in Scientific Sessions on Thursday, October 27. In the morning Fellows of the College will be speakers on the History of Dentistry, Auxiliary Training for Delivery of Dental Services, the New Dental Health Care Systems in the Province of Quebec, Dental Education etc. There will be a lunch for Fellows and invited guests. In the afternoon there will be a Scientific Session sponsored by the Commission on Dental Practice and the Commission on Public Dental Health Services and supported by the Royal College of Dentists of Canada. The Convocation of the Royal College of Dentists of Canada will be held in the morning of Saturday, October 29, and it is hoped that several of the distinguished

guests from overseas will take part in this ceremony. On Saturday evening, October 29, there will be a Dinner-Dance at the Hyatt-Regency in Toronto and, again, it is hoped that a good many will attend.

S. M. Claman,
President

J. E. Speck,
Secretary-Registrar-Treasurer.

Received as information.

RESOLVED

That the Board expresses its appreciation to Dr. Speck for the presentation of this report on behalf of the R.C.D.C.

ADOPTED

VOTING MEMBERS

MEETING OF VOTING MEMBERS

In accordance with the requirements of CDA By-laws, written notice has been received by the Executive Director of the appointment of the following corporate member representatives:

British Columbia	-	R.N. Hicks
Alberta	-	R.A. Gray
Saskatchewan	-	J.W. Mackay
Manitoba	-	A.J. Shinoff
Ontario	-	A.J. Harris
Quebec	-	C. Chicoine
New Brunswick	-	D.E. Williams
Nova Scotia	-	C. Dexter
Newfoundland	-	K.F. Walsh
Prince Edward Island	-	J.D. Murphy
Canadian Armed Forces	-	W.R. Thompson

RESOLVED:

That Thorne Riddell be retained as auditors.

ADOPTED

RESOLVED

That the meeting be adjourned.

ADOPTED

7 DAYS

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